
State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

Filing at a Glance

Company:	Minnesota Life Insurance Company
Product Name:	ML Premier VUL Policy
State:	Arkansas
TOI:	L06I Individual Life - Variable
Sub-TOI:	L06I.002 Single Life - Flexible Premium
Filing Type:	Form
Date Submitted:	08/29/2012
SERFF Tr Num:	MNNL-128664080
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	12-665.03
Implementation	10/01/2012
Date Requested:	
Author(s):	Angela Acker-Fisher, Carol Ouhl, Matthew Harrington, Joyce Townsend
Reviewer(s):	Linda Bird (primary)
Disposition Date:	09/07/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

General Information

Project Name: Premier VUL	Status of Filing in Domicile: Pending
Project Number: 12-665.03	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing is currently pending review with the Interstate Compact.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/07/2012
	State Status Changed: 09/07/2012
Deemer Date:	Created By: Angela Acker-Fisher
Submitted By: Angela Acker-Fisher	Corresponding Filing Tracking Number: 12-665.03

Filing Description:

This filing is an individual flexible premium, variable universal life policy with indexed features. This policy is new and does not replace any other form. The separate accounts underlying the filing comply with, or have been authorized by, the State of Minnesota, our domicile, including commissioner approval if required.

This product will be marketed to the general public, issue ages 0 through 90. The product has a minimum new issue face amount of \$100,000. It will NOT be marketed with an illustration due to being a variable product. While I have provided Flesch scores for all the forms, those requirements do not apply to the policy as it is subject to federal jurisdiction.

This policy can be issued as either sex distinct or unisex. The settlement option section of the data pages contains two versions of the Life Income Option, 3 only one of which will print depending upon the gender issued. When issued as sex distinct Minnesota Life certifies that the policy will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

The following new agreements are being filed for use with the policy.

ACCELERATED DEATH BENEFIT AGREEMENT, 12-931U, allows advance receipt of policy funds provided as a lien against the policy death benefit triggered by a terminal condition resulting in a life expectancy of 12 months or less. This agreement can be issued with all universal life products going forward and can also be added to in force policies.

WAIVER OF CHARGES AGREEMENT, 12-919, waives all monthly policy charges assessed against the accumulation value if the insured becomes totally and permanently disabled. The Waiver of Charges Agreement will be used with this policy and all other universal life products going forward. It can be offered with both new issues and added to in force policies.

APPLICATIONS currently approved are also being filed for revisions to add information needed for the issue of this new product as well as our new whole life products recently filed with your department. These applications are the general information section of the applications used for various distribution areas.

Application, Part 1, New Issue (Career Sales) -F59410 Rev 8-2012
Application, Part 1, New Issue (Broker Sales) – F65324 Rev 8-2012
Application 1A, New Issue (eApp) - F72540 Rev 9-2012
Policy Change Application, No Underwriting - F59537 Rev 8-1012
Policy Change Application Part 1, Underwriting Required - F59538 Rev 8-1012

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
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Please note that the sub-account selections are not made within the application. They are made on a separate administrative form. An exhibit of that form is attached to the Supporting Documents Tab.

PREVIOUSLY APPROVED forms we also intend to offer with this policy are:

Children's Term Agreement, 09-904U, approved 12-01-2009 under Tracking # MNNL-12632746
Guaranteed Insurability Option without Waiver, 09-915, approved 07-21-2009 under Tracking # MNNL-126216769
Inflation Agreement, 11-916, approved 06-09-2011 under Tracking # MNNL-127194585
Long Term Care Agreement, 09-932, approved 02-04-2010 under Tracking # MNNL-126472175
Waiver of Premium Agreement, 06-917, approved 07-07-2006 under Tracking # USPH-6PNQJB779
Term Insurance Agreement, 06-944R, approved 03-01-2007 under Tracking # MNNL-125111553
Early Values Agreement, 08-939, approved 03-06-2008 under Tracking # MNNL-125516284
Overloan Protection Agreement, 09-911, approved 12-01-2009 under Tracking # MNNL-126362746
Premium Deposit Account Agreement, 12-301, approved 02-23-2012 under Tracking # MNNL-128080549

In addition to the Actuarial Memorandums, a Statement of Variability is included. Minnesota Life Insurance Company certifies that any change or modification to a variable item outside stated ranges shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

The submitted forms are in final print and are subject to only minor modification in paper stock, formatting, type style and size (never less than 10 point type), ink, border, company logo/address/telephone number/officer signature, and future adaptation to electronic media or computer printing.

Company and Contact

Filing Contact Information

Joyce Townsend, Senior Product Compliance Specialist 400 ROBERT STREET NORTH ST. PAUL, MN 55101-2098	joyce.townsend@securian.com 651-665-5902 [Phone] 651-665-5424 [FAX]
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Filing Company Information

Minnesota Life Insurance Company 400 Robert Street North Law Department St. Paul, MN 55101-2098 (651) 665-3500 ext. [Phone]	CoCode: 66168 Group Code: 869 Group Name: FEIN Number: 41-0417830	State of Domicile: Minnesota Company Type: Life Insurance State ID Number:
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$400.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form \$50.00 x 8 forms = \$400.00
Per Company:	No

State:Arkansas

Filing Company:Minnesota Life Insurance Company

TOI/Sub-TOI:L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium

Product Name:ML Premier VUL Policy

Project Name/Number:Premier VUL/12-665.03

Company	Amount	Date Processed	Transaction #
Minnesota Life Insurance Company	\$400.00	08/29/2012	62125843

SERFF Tracking #:	MNNL-128664080	State Tracking #:		Company Tracking #:	12-665.03
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State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/07/2012	09/07/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/05/2012	09/05/2012

Response Letters

Responded By	Created On	Date Submitted
Joyce Townsend	09/06/2012	09/06/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accelerated Death Benefit Agreement	Angela Acker-Fisher	08/30/2012	08/30/2012

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

Disposition

Disposition Date: 09/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Account Allocation Form		Yes
Supporting Document	Accelerated Benefit Disclosure		Yes
Supporting Document	Application Revisions Redlined		Yes
Supporting Document	Statements of Variability		Yes
Form	ML Premier Variable Universal Life Policy		Yes
Form	Waiver of Charges Agreement		Yes
Form (revised)	Accelerated Death Benefit Agreement		Yes
Form	Accelerated Death Benefit Agreement	Replaced	Yes
Form	Application Part 1		Yes
Form	Policy Change Application No Underwriting Required		Yes
Form	Policy Change Application Part 1 Underwriting Required		Yes
Form	Application Part 1		Yes
Form	Application 1A		Yes

State: Arkansas **Filing Company:** Minnesota Life Insurance Company
TOI/Sub-TOI: L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium
Product Name: ML Premier VUL Policy
Project Name/Number: Premier VUL/12-665.03

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/05/2012
Submitted Date	09/05/2012
Respond By Date	10/05/2012

Dear Joyce Townsend,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

The Statement of Variability was not included in the submission.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/06/2012
Submitted Date	09/06/2012

Dear Linda Bird,

Introduction:

This is in response to your objection dated September 5, 2012.

Response 1

Comments:

Attached to the Supporting Documents tab are the Statements of Variability for the policy data pages and for the applications.

Related Objection 1

Comments:

The Statement of Variability was not included in the submission.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Statements of Variability

Comment: Attached are the Statements of Variability for the policy data pages and for the applications.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I apologize for our oversight in not including this information with our original submission. I am hopeful that this additional information will allow you to approve our ML Premier VUL Policy, agreements and applications.

Thank you for your consideration.

Joyce Townsend

Sincerely,

Joyce Townsend

SERFF Tracking #:	MNNL-128664080	State Tracking #:		Company Tracking #:	12-665.03
State:	Arkansas	Filing Company:	Minnesota Life Insurance Company		
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium				
Product Name:	ML Premier VUL Policy				
Project Name/Number:	Premier VUL/12-665.03				

Amendment Letter

Submitted Date: 08/30/2012

Comments:

We have submitted a revised Accelerated Benefit Agreement, form 12-931U. We inadvertently forgot to remove a reference to the Interstate Compact in the third paragraph of the provision on page 2 entitled "Will interest be charged on the amount taken as an accelerated benefit?".

Thank you for your continued attention to this filing. We look forward to its approval in Arkansas.

Sincerely,
Angela Acker-Fisher
Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
12-931U	Policy/Contract/Fr aternal Certificate: Amendment, Insert Page, Endorsement or Rider	Accelerated Death Benefit Agreement	Initial				52.900	12-931U ABA.pdf

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

Form Schedule

Lead Form Number: 12-665.03							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		12-665.03	POL	ML Premier Variable Universal Life Policy	Initial:	52.700	12-665.03 policy.pdf
2		12-919	POLA	Waiver of Charges Agreement	Initial:	52.100	12-919 WCA.pdf
3		12-931U	POLA	Accelerated Death Benefit Agreement	Initial:	52.900	12-931U ABA.pdf
4		F59410 Rev 8-2012	AEF	Application Part 1	Initial:	52.500	F59410 Rev 8-2012 no sec.pdf
5		F59537 Rev 8-2012	AEF	Policy Change Application No Underwriting Required	Initial:	52.000	F59537 Rev 8-2012 no sec.pdf
6		F59538 Rev 8-2012	AEF	Policy Change Application Part 1 Underwriting Required	Initial:	52.100	F59538 Rev 8-2012 no sec.pdf
7		F65324 Rev 8-2012	AEF	Application Part 1	Initial:	52.400	F65324 Rev 8-2012 no sec.pdf
8		F72540 Rev 9-2012	AEF	Application 1A	Initial:	51.100	F72540 9-2012 no sec.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

ML PREMIER VARIABLE UNIVERSAL LIFE POLICY

Insured JOHN A DOE
Policy Number: 1-000-000Z
Policy Date: Aug 01, 2012

Flexible Premium Variable Universal Life Insurance with Index-Linked Interest Features

Face Amount and Premium may be adjusted by the owner.

Variable Benefits

Nonparticipating

Values allocated to the index-linked accounts may be affected by the interest credits associated with the referenced index. Values allocated to the variable separate account participate directly in, and are subject to, the investment performance of the underlying equity investments.

EVEN IF PLANNED PREMIUMS ARE PAID, IT IS POSSIBLE THAT THE POLICY MAY TERMINATE BEFORE THE DEATH OF THE INSURED DUE TO CHANGES IN INTEREST CREDITED, AND MONTHLY CHARGES. ADDITIONALLY, LOANS, PARTIAL SURRENDERS AND DEATH BENEFIT OPTION CHANGES MAY AFFECT THE LENGTH OF TIME THE POLICY STAYS IN FORCE

Notice of Your Right to Examine This Policy.

It is important to us that you are satisfied with this policy after it is issued. If you are not satisfied with it, you may return the policy to us or our agent within 30 days after you receive it. If you return the policy, you will receive a full refund of any premiums within 7 days of the date we receive your notice of cancellation.

THE FACE AMOUNT IS SHOWN ON THE POLICY DATA PAGES. THE DEATH BENEFIT WILL VARY DEPENDING ON THE DEATH BENEFIT OPTION ELECTED. THE VALUES OF THIS POLICY ALLOCATED TO THE VARIABLE SEPARATE ACCOUNT WILL VARY FROM DAY TO DAY DEPENDING UPON SEPARATE ACCOUNT INVESTMENT EXPERIENCE. THERE IS NO GUARANTEED MINIMUM ACCUMULATION VALUE. EVEN IF PLANNED PREMIUMS ARE PAID, IT IS POSSIBLE THAT THE POLICY MAY TERMINATE BEFORE THE DEATH OF THE INSURED.

READ YOUR POLICY CAREFULLY THIS IS A LEGAL CONTRACT

Subject to the provisions of this policy, we promise to pay to the beneficiary the death proceeds when we receive proof satisfactory to us of the insured's death.

This policy is issued in consideration of the application for this policy and the payment of the premiums.

The owner and the beneficiary are as named in the initial application unless they are changed as provided in this policy.

Signed for Minnesota Life Insurance Company, a stock company, at St. Paul, Minnesota, on the policy date.


President Secretary

MINNESOTA LIFE

Minnesota Life Insurance Company
[A Securian Financial Group Affiliate
400 Robert Street North
St. Paul, MN 55101-2098
651.665.3500]

ML PREMIER VARIABLE UNIVERSAL LIFE POLICY WITH INDEXED ACCOUNT OPTIONS

Insured: [John A. Doe]
 Issue Age: [35]
 Gender: [Male]
 Policy Number: [1-000-000Z]
 Policy Date: [Aug 1 2012]
 [Policy Change Date: [Aug 1 2014]
 Death Benefit Option: [Level]

Insurance Amount as of: [Aug 1 2012]

Face Amount	[\$500,000]
Term Insurance Agreement	[\$100,000]
Total Insurance Amount	[\$600,000]

PREMIUM

Monthly Initial Minimum Premium: [\$171.32] effective [Aug 1 2012]
 Planned Premium: [\$937.50 Quarterly]
 Maturity Date [Aug 1 2098]

This policy may not mature on the maturity date even if planned premiums are paid because the current cost of insurance and interest rates are not guaranteed, policy loans and partial withdrawals may be taken, you may change your death benefit option or because of requested changes to your face amount of insurance. We will pay the cash surrender value of the policy on the maturity date. If coverage continues to the maturity date, there may be little or no cash surrender value payable.

[This policy has been changed effective [MMM DD CCYY]. The original policy data pages and any changes in effect prior to the [MMM DD CCYY] are replaced by these policy data pages. If we required evidence of insurability to change this policy, the incontestability and suicide periods with respect to the change will be measured from [MMM DD CCYY]].

BASIC POLICY

	Coverage Layer Amount
Coverage Layer	[\$500,000]
Effective: [Aug 1, 2012]	
Age: [35]	
Risk Class: [Preferred Non-Tobacco]	
Total Face Amount - - - - -	[\$500,000]

ADDITIONAL AGREEMENTS

[Accelerated Death Benefit Agreement

Effective: [Aug 1 2012]

There is no monthly charge for this agreement.]

[Waiver of Charges Agreement

Effective: [Aug 1 2012]

There is a monthly charge for this agreement.]

OTHER IMPORTANT INFORMATION

Interim Account Transfer Date:	[The 3 rd Friday of each month]
Death Benefit Qualification Test:	[Guideline Premium Test]
Guaranteed Interest Rate:	2%
Net Amount at Risk Divisor:	[1.001652]
Fixed Interest Loan Interest Rate:	3%
Variable Interest Loan Interest Rate:	[4.25%] effective through [July 31 2013]
Variable Loan Interest Rate Factor:	[1.50%]

INFORMATION ABOUT THE AVAILABLE ACCOUNTS

[Guaranteed Interest Account]

INDEXED ACCOUNTS:	INDICES:	INDEX WEIGHT:
[Indexed Account A]:	[Standard & Poor's 500® Composite Stock Price Index excluding dividends, or its successor. (1)]	[100%]
Segment Term:	[1 year]	
Index Credit Term:	[1 year]	
Participation Rate:	[100%]	
Growth Floor:	[0%]	
Growth Cap:	[13]% in effect on [Feb 1, 2012]	
Minimum Growth Cap	2%	
[Indexed Account B]:	[Standard & Poor's 500® Composite Stock Price Index excluding dividends, or its successor. (1)]	[100%]
Segment Term:	[1 year]	
Index Credit Term:	[1 year]	
Participation Rate:	[140%]	
Growth Floor:	[0%]	
Growth Cap:	[8]% in effect on [Feb 1, 2012]	
Minimum Growth Cap:	1.43%	

INDEX-LINKED RETURNS FOR STANDARD & POOR'S 500®, DOW JONES GLOBAL EX-U.S. INDEXSM, AND EURO STOXX 50® INDEX, DO NOT INCLUDE THE PORTION OF RETURNS GENERATED BY THE UNDERLYING INDEX THAT COME FROM DIVIDENDS.

THE GROWTH CAP ON EACH INDEXED ACCOUNT IS NOT A GUARANTEED ELEMENT AND CAN BE CHANGED BY MINNESOTA LIFE. ANY CHANGE IN THE GROWTH CAP WOULD AFFECT THE INDEX CREDITS, AND WOULD THUS AFFECT THE INTEREST RETURN APPLICABLE TO THE ACCUMULATION VALUE IN THAT INDEXED ACCOUNT.

INDEXED DISCLOSURES:

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OTHER IMPORTANT INFORMATION

[Guideline Premium Test Death Benefit Percentage Factors:]

Age	Percentage	Age	Percentage	Age	Percentage
0-40	250%	54	157%	68	117%
41	243%	55	150%	69	116%
42	236%	56	146%	70	115%
43	229%	57	142%	71	113%
44	222%	58	138%	72	111%
45	215%	59	134%	73	109%
46	209%	60	130%	74	107%
47	203%	61	128%	75-90	105%
48	197%	62	126%	91	104%
49	191%	63	124%	92	103%
50	185%	64	122%	93	102%
51	178%	65	120%	94	101%
52	171%	66	119%	95-121	100%]
53	164%	67	118%		

Other Important Information

[Cash Value Accumulation Test Death Benefit Percentage Factors:

The following rates are for the coverage layer effective: [Aug 1, 2012]

PERCENT	TO ANNIV DATE IN	PERCENT	TO ANNIV DATE IN	PERCENT	TO ANNIV DATE IN	PERCENT	TO ANNIV DATE IN
475.20%	2013	210.51%	2038	121.95%	2063	100.00%	2088
458.96%	2014	204.58%	2039	120.34%	2064	100.00%	2089
443.29%	2015	198.92%	2040	118.86%	2065	100.00%	2090
428.16%	2016	193.54%	2041	117.49%	2066	100.00%	2091
413.59%	2017	188.44%	2042	116.23%	2067	100.00%	2092
399.57%	2018	183.60%	2043	115.07%	2068	100.00%	2093
386.06%	2019	178.98%	2044	114.00%	2069	100.00%	2094
373.07%	2020	174.57%	2045	112.96%	2070	100.00%	2095
360.60%	2021	170.33%	2046	111.95%	2071	100.00%	2096
348.63%	2022	166.26%	2047	110.93%	2072	100.00%	2097
337.17%	2023	162.33%	2048	109.87%	2073	100.00%	2098]
326.19%	2024	158.56%	2049	108.72%	2074		
315.66%	2025	154.94%	2050	107.36%	2075		
305.55%	2026	151.52%	2051	105.63%	2076		
295.77%	2027	148.26%	2052	103.31%	2077		
286.31%	2028	145.15%	2053	100.00%	2078		
277.19%	2029	142.19%	2054	100.00%	2079		
268.40%	2030	139.36%	2055	100.00%	2080		
259.98%	2031	136.68%	2056	100.00%	2081		
251.91%	2032	134.14%	2057	100.00%	2082		
244.20%	2033	131.76%	2058	100.00%	2083		
236.85%	2034	129.53%	2059	100.00%	2084		
229.84%	2035	127.45%	2060	100.00%	2085		
223.15%	2036	125.50%	2061	100.00%	2086		
216.71%	2037	123.67%	2062	100.00%	2087		

MAXIMUM MONTHLY COST OF INSURANCE RATES

The maximum monthly cost of insurance rates are listed per \$1,000 of net amount at risk. For a special risk class the cost of insurance rates are a multiple of the rating percentage and never larger than 83.3333.

<u>AGE</u>	<u>RATE</u>	<u>AGE</u>	<u>RATE</u>	<u>AGE</u>	<u>RATE</u>	<u>AGE</u>	<u>RATE</u>
35	0.10089	60	0.82540	85	10.27544	110	71.53882
36	0.10673	61	0.91627	86	11.43495	111	77.62686
37	0.11174	62	1.02661	87	12.71507	112	83.33333
38	0.12008	63	1.14974	88	14.10525	113	83.33333
39	0.12842	64	1.27896	89	15.59358	114	83.33333
40	0.13760	65	1.41513	90	17.17057	115	83.33333
41	0.14929	66	1.55235	91	18.67330	116	83.33333
42	0.16348	67	1.68978	92	20.26544	117	83.33333
43	0.17934	68	1.83933	93	21.97376	118	83.33333
44	0.19939	69	1.99167	94	23.81218	119	83.33333
45	0.22110	70	2.17329	95	25.79274	120	83.33333
46	0.24199	71	2.37666	96	27.64147		
47	0.26455	72	2.64823	97	29.65378		
48	0.27792	73	2.93182	98	31.85097		
49	0.29381	74	3.23010	99	34.25958		
50	0.31387	75	3.56144	100	36.90863		
51	0.33896	76	3.92357	101	39.06362		
52	0.37327	77	4.34571	102	41.41764		
53	0.41176	78	4.84012	103	43.99544		
54	0.45949	79	5.41330	104	46.82418		
55	0.51563	80	6.04178	105	49.93704		
56	0.57515	81	6.76172	106	53.37325		
57	0.63891	82	7.51460	107	57.18462		
58	0.69179	83	8.33044	108	61.42909		
59	0.75227	84	9.24138	109	66.18205		

OTHER POLICY CHARGES

Premium Charge

A maximum of 7.0% of each premium paid.

Monthly Policy Charge

The Monthly Policy Charge will not exceed \$12.00 per month plus \$0.0125 per \$1,000 of face amount per month.

Policy Issue Charge

Each of the following Policy Issue Charge(s) will be assessed monthly for [10] years against the accumulation value.

Amount	Effective	Until
[81.25	08/01/2012	08/01/2022]

Mortality and Expense Risk Charge

A maximum of .075% of the accumulation value per month.

Indexed Account Charge

A maximum of .05% of the value in the fixed indexed accounts.

Policy Change Transaction Charge

The maximum policy change transaction charge is \$100.00 per policy change transaction.

Partial Surrender Transaction Charge

The lesser of [\$25] or [2%] of the amount of the partial surrender.

Transfer Transaction Charge

The maximum Transfer Transaction Charge is \$25.00 per transfer transaction.

[Waiver of Charges Agreement Charge

Each of the following Waiver of Charges Charge(s) will be assessed monthly against the accumulation value.

Amount	Effective	Until
[9.97]	[08/01/2012]	[07/31/2037]]

SURRENDER CHARGES

The maximum Surrender Charges shown below will be assessed for [10] years against the accumulation value at the time this policy is surrendered in full.

Amount	Through	Amount	Through	Amount	Through
10,464.32	09/2012	10,061.57	11/2016	9,603.38	01/2021
10,464.32	10/2012	10,061.57	12/2016	9,603.38	02/2021
10,464.32	11/2012	10,061.57	01/2017	9,603.38	03/2021
10,464.32	12/2012	10,061.57	02/2017	9,603.38	04/2021
10,464.32	01/2013	10,061.57	03/2017	9,603.38	05/2021
10,464.32	02/2013	10,061.57	04/2017	9,603.38	06/2021
10,464.32	03/2013	10,061.57	05/2017	9,603.38	07/2021
10,464.32	04/2013	10,061.57	06/2017	9,603.38	08/2021
10,464.32	05/2013	10,061.57	07/2017	9,480.70	09/2021
10,464.32	06/2013	10,061.57	08/2017	9,480.70	10/2021
10,464.32	07/2013	9,952.13	09/2017	9,480.70	11/2021
10,464.32	08/2013	9,952.13	10/2017	9,480.70	12/2021
10,368.84	09/2013	9,952.13	11/2017	9,480.70	01/2022
10,368.84	10/2013	9,952.13	12/2017	9,480.70	02/2022
10,368.84	11/2013	9,952.13	01/2018	9,480.70	03/2022
10,368.84	12/2013	9,952.13	02/2018	9,480.70	04/2022
10,368.84	01/2014	9,952.13	03/2018	9,480.70	05/2022
10,368.84	02/2014	9,952.13	04/2018	9,480.70	06/2022
10,368.84	03/2014	9,952.13	05/2018	9,480.70	07/2022
10,368.84	04/2014	9,952.13	06/2018	9,480.70	08/2022
10,368.84	05/2014	9,952.13	07/2018		
10,368.84	06/2014	9,952.13	08/2018		
10,368.84	07/2014	9,839.23	09/2018		
10,368.84	08/2014	9,839.23	10/2018		
10,269.81	09/2014	9,839.23	11/2018		
10,269.81	10/2014	9,839.23	12/2018		
10,269.81	11/2014	9,839.23	01/2019		
10,269.81	12/2014	9,839.23	02/2019		
10,269.81	01/2015	9,839.23	03/2019		
10,269.81	02/2015	9,839.23	04/2019		
10,269.81	03/2015	9,839.23	05/2019		
10,269.81	04/2015	9,839.23	06/2019		
10,269.81	05/2015	9,839.23	07/2019		
10,269.81	06/2015	9,839.23	08/2019		
10,269.81	07/2015	9,722.98	09/2019		
10,269.81	08/2015	9,722.98	10/2019		
10,167.44	09/2015	9,722.98	11/2019		
10,167.44	10/2015	9,722.98	12/2019		
10,167.44	11/2015	9,722.98	01/2020		
10,167.44	12/2015	9,722.98	02/2020		
10,167.44	01/2016	9,722.98	03/2020		
10,167.44	02/2016	9,722.98	04/2020		
10,167.44	03/2016	9,722.98	05/2020		
10,167.44	04/2016	9,722.98	06/2020		
10,167.44	05/2016	9,722.98	07/2020		
10,167.44	06/2016	9,722.98	08/2020		
10,167.44	07/2016	9,603.38	09/2020		
10,167.44	08/2016	9,603.38	10/2020		
10,061.57	09/2016	9,603.38	11/2020		
10,061.57	10/2016	9,603.38	12/2020		

DEATH PROCEEDS ALTERNATIVE SETTLEMENT OPTIONS

Option 1: Interest Payments

Please refer to the Payment of Proceeds section of your policy.

Option 2: Payments for a Specified Period

Monthly payments per \$1,000 of proceeds applied under this option are shown below.

Number of Years	Monthly Payments
5	\$17.08
10	8.75
15	5.98
20	4.59
25	3.76

[Option 3: Life Income

Monthly payments per \$1,000 of proceeds based on the Annuity 2000 Table and applied under this option are shown below.

Life Income with Payments Guaranteed for Male

Age	Life	5 Years	10 Years	20 Years
50	\$2.98	\$2.98	\$2.97	\$2.89
55	3.37	3.37	3.34	3.20
60	3.89	3.87	3.82	3.55
65	4.58	4.55	4.43	3.90
70	5.54	5.46	5.20	4.21
75	6.87	6.67	6.08	4.43

Life Income with Payments Guaranteed for Female

Age	Life	5 Years	10 Years	20 Years
50	\$2.75	\$2.74	\$2.74	\$2.70
55	3.08	3.08	3.06	2.99
60	3.52	3.51	3.49	3.34
65	4.11	4.09	4.03	3.72
70	4.93	4.89	4.75	4.09
75	6.12	6.01	5.66	4.37]

[Option 3: Life Income

Monthly payments for each \$1,000 of proceeds based on the Annuity 2000 Table and applied under this option are shown below.

Life Income with Payments Guaranteed for Unisex

Age	Life	5 Years	10 Years	20 Years
50	\$2.79	\$2.79	\$2.78	\$2.74
55	3.14	3.14	3.12	3.04
60	3.59	3.58	3.55	3.38
65	4.20	4.18	4.44	3.76
70	5.05	5.00	4.84	4.12
75	6.26	6.14	5.75	4.38]

Option 4: Payments of a Specified Amount

Please refer to the Payment of Proceeds section of your policy.

Settlement Option Guaranteed Annual Interest Rate: 1%

If you have questions or complaints about this policy, you may contact your advisor, us, or the insurance department of your state at the following location.

Insurance Department of: []

[Address]

[Address]

Telephone Number []

Toll Free Telephone Number []

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Summary of Policy Features

This policy is a flexible premium variable universal life policy with fixed indexed account options. As long as the policy is in force, a death benefit is payable upon the death of the insured. Premiums, after premium charges, are allocated to the guaranteed interest account, the variable separate account, the fixed indexed accounts, or any combination of the accounts available.

Death Proceeds

The amount payable to the beneficiary on the death of the insured is the total of the following amounts:

- The death benefit,
- PLUS** - Any additional insurance on the insured's life provided by an additional agreement (see the policy data pages),
- PLUS** - Under the Level Option, any premium paid after the date of the insured's death,
- MINUS** - Any unpaid monthly policy charges which we assess against accumulation value,
- MINUS** - Any outstanding policy loan,
- MINUS** - Any unpaid policy loan interest.

Variability

Accumulation value in the variable separate account will reflect investment experience of the sub-accounts you choose.

Investment experience may, depending on the death benefit option selected, increase the amount of the death benefit.

Accumulation Value

The net premiums you pay for this policy become part of the accumulation value. The accumulation value is available to you during the insured's lifetime, to be used:

- as collateral for a loan or as a policy loan.
- to continue insurance protection if you cannot, or do not wish to, continue paying premiums.
- to obtain cash by surrendering your policy, in full, or in part.

Surrender Proceeds

The amount payable to the owner when the policy is surrendered:

- The accumulation value of the policy,
- MINUS** - Any unpaid policy charges which we assess against accumulation value,
- MINUS** - Any outstanding policy loan,
- MINUS** - Any unpaid policy loan interest,
- MINUS** - The surrender charge, if applicable.

Additional Agreements

The additional agreements, if any, listed on the policy data pages are described more fully in those additional agreements.

Definitions

When we use the following words, this is what we mean:

1940 Act

The Investment Company Act of 1940, as amended, or any similar successor federal act.

accumulation value

The sum of the values under this policy in the guaranteed interest account, the fixed loan account, interim account, fixed indexed accounts and variable separate account.

age

The issue age plus the number of complete policy years elapsed.

Code

The U.S. Internal Revenue Code of 1986, as amended.

CSO Tables

The 2001 Commissioners Standard Ordinary Composite, Ultimate, Age Nearest Birthday, Sex-Distinct Mortality Tables. If the policy was issued as unisex, we use a corresponding unisex mortality table, the 2001 Commissioners Standard Ordinary Composite, Ultimate, Age Nearest Birthday, Table B (80% male, 20% female) Mortality Tables. The gender on the policy data pages describes whether the policy was issued as sex-distinct or unisex.

coverage layer

A layer of insurance coverage with an associated coverage amount. The first coverage amount shown on the policy data pages is the amount of the initial coverage layer. There may be multiple coverage layers. All layers will be shown on the policy data pages.

face amount

The sum of the coverage amounts of each coverage layer. The face amount as of the policy date is equal to the initial coverage amount as shown on the policy data pages.

fixed indexed account

A fixed indexed account is a part of the general account value and credits interest based on a change in the indices associated with that account. The fixed indexed accounts are shown on the policy data pages along with the indices that apply to each.

fixed loan account

The fixed loan account contains amounts transferred from your other accounts as collateral for a loan when a fixed interest rate loan is taken.

fund

A mutual fund or separate investment portfolio within a series mutual fund which we designate as an eligible investment for the separate account and its sub-accounts.

general account

All assets of the Minnesota Life Insurance Company other than those in the variable separate account or in other fully insulated separate accounts established by us.

good order

All necessary documents and forms are complete and in our possession. To be in "good order", instruction must be sufficiently clear so that we do not need to exercise any discretion to follow such instructions and any payment amount must meet our minimum requirements to complete the request. We reserve the right to change, from time to time, our requirements for what constitutes good order and which documents, forms and payment amounts are required in order for us to complete your request.

growth cap

A growth cap is the maximum growth rate of a segment in any index credit term. The growth cap in effect at the policy date or at any policy change date for any fixed indexed account is shown on the policy data pages. For each subsequent index credit term and for each fixed indexed account, we will determine the growth cap for that index credit term. For each subsequent index credit term, the growth cap for that index credit term is equal to the growth cap in effect at the beginning of that index credit term.

growth floor

The minimum segment growth rate during all index credit terms is equal to the value shown on the policy data pages.

guaranteed interest account

The guaranteed interest account is part of our general account and credits a fixed annual rate of interest on amounts held in the guaranteed interest account on a daily basis. Amounts held in the guaranteed interest account credit interest at an annual rate not less than the guaranteed rate of interest which is shown on the policy data pages.

guaranteed interest rate

The rate of interest that is guaranteed for this policy's general account options which is shown on the policy data pages.

index

An external index that is used in determining the amount of any index credits for index credit terms under a fixed indexed account. The external indices may reference more than one fixed indexed account and will be referred to as indices. The external index or indices are shown on the policy data pages.

index credits

The amount of interest we may credit to the value allocated to a segment of a fixed indexed account during an index credit term. The amount of an index credit is determined by reference to the performance of the applicable indices over the index credit term, subject to the growth cap and the growth floor.

index credit term

The time period over which changes in the underlying indices of a segment are measured for purposes of calculating the index credit for that segment. The index credit term for any fixed indexed account is shown on the policy data pages.

initial minimum premium

The amount of premium required to put the policy in force. The initial minimum premium is the monthly initial minimum premium shown on the policy data pages multiplied by three (3) months plus the number of complete months from the policy date to the date of payment.

insured

The person whose life is insured under this policy as shown on the policy data pages.

interim account

The interim account is a part of our general account and contains net premiums and value transferred from other accounts that you have directed to be placed into the fixed indexed accounts. On each interim account transfer date, the value in the interim account is moved into the fixed indexed accounts according to your instructions.

interim account transfer date

The date when transfers of values from the interim account to any fixed indexed account will occur. The interim account transfer date is shown on the policy data pages.

issue age

The insured's age at nearest birthday as of the policy date.

legal partner

The person with whom you have entered into a legally-sanctioned domestic partnership or civil union that grants you the same rights, responsibilities, and obligations as married couples in accordance with applicable state laws. We will not recognize a partner relationship in any state that does not legally recognize such relationship.

maturity date

The date shown on the policy data pages. The date the policy's surrender value, if any, will be paid.

minimum growth cap

The minimum rate at which we may set the growth cap for any fixed indexed account index credit term.

net amount at risk

The value equal to the death benefit at the most recent monthly policy anniversary divided by the net amount at risk divisor (shown on the policy data pages), and then reduced by the accumulation value at the beginning of the policy month, before the current month's cost of insurance charge is deducted.

net premium

A premium payment less the premium charge assessed against that premium.

participation rate

A percentage of the segment growth rate used in calculating the index credit for each segment at the end of each index credit term. The participation rate that applies to a fixed indexed account is shown on the policy data pages.

planned premium

The amount of premium you plan to pay for this policy on a periodic basis.

policy anniversary

The same day and month as your policy date for each succeeding year your policy remains in force. A monthly policy anniversary is the same day as your policy date for each succeeding month your policy remains in force.

policy date

The date shown on the policy data pages, which is the date from which policy anniversaries, policy years, and monthly policy anniversaries are determined.

policy loan interest

The amount of interest we charge you on the policy loan balance on your policy.

policy loan transaction

Transactions involving policy loans that result in a change to the policy loan amount, including new loans and loan repayments.

proceeds

The amount we will pay under the terms of this policy when your policy is surrendered or terminates as shown under the Surrender Proceeds section, or when the insured dies.

segment

A segment is the part of a fixed indexed account created by transfers from the interim account or any amount retained in a fixed indexed account at the end of the previous segment term.

segment date

The segment date is the date the segment was created. The segment years, segment anniversaries, and segment term of a fixed indexed account are all measured from this date.

segment term

The length of time that a segment will exist. The segment term for each fixed indexed account is shown on the policy data pages.

surrender value

The amount available to you when your policy is surrendered or terminates.

terminate

The insured's life is no longer insured under any of the terms of the policy and the policy is no longer in force.

unit

A measure of your interest in a sub-account of the variable separate account.

unit value credit

A percentage we add to the gross investment rate for a sub-account for a valuation period to determine the net investment factor of that valuation period. The unit value credit represents a portion, or all, of the payment we or our affiliates may receive from a fund or an affiliate of a fund for the performance of certain administrative, record keeping and shareholder services. The amount of the unit value credit varies among sub-accounts and we may discontinue the application of unit value credits at any time in our sole discretion.

valuation date

A valuation date is any date on which the New York Stock Exchange ("NYSE") is open for trading, except for any days specified in the prospectus for this policy subject to

applicable regulatory authority and any day the fund corresponding to a sub-account does not value its shares. A valuation date ends at the close of trading on the NYSE that day.

valuation period

The period between successive valuation dates measured from the time of one determination to the next.

variable separate account

The variable separate account is the "Minnesota Life Individual Variable Universal Life Account". We established this variable separate account for this class of policies and other classes of policies under Minnesota law. The variable separate account is composed of several sub-accounts. We own the assets of the variable separate account. However, those assets are not chargeable with the liabilities arising out of any other business we conduct.

we, our, us

Minnesota Life Insurance Company.

written request

A request in good order in writing signed by you. We also may require that your policy be sent in with your written request.

you, your

The owner of this policy as shown in the application, unless changed as provided in this policy. The owner may be someone other than the insured.

General Information

What is your agreement with us?

Your policy, or any change to it, contains the entire contract between you and us. This includes the initial application and all subsequent applications to change your policy. Any statements made either by you or by the insured, in the initial application or in any application for change will, in the absence of fraud, be considered representations and not warranties. Also, any statement made either by you or by the insured will not be used to void your policy nor defend against a claim under your policy unless the statement is contained in the initial application or in any application for change to this policy.

No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an assistant secretary. No agent or other person has the authority to change or waive any provisions of your policy.

Any additional agreement attached to this policy will become a part of this policy and will be subject to all the terms and conditions of this policy unless we state otherwise in the agreement.

When does your policy become effective?

Your policy will become effective on the earlier of the policy date or the date the policy is delivered to you, provided you have paid the initial minimum premium, while the health of the proposed insured remains as stated in the application for this policy.

How will you know the status of your policy?

Each year without charge, we will send you a report. This report will show your policy's status. It will include the accumulation value, death benefit, policy activity during the report period, and the surrender value as of the date of the report. The information in the report will be current as of a date within two months of its mailing.

You may also request an illustrative report at any time without charge.

How do you exercise your rights under the policy?

You can exercise all the rights under this policy during the insured's lifetime by making a written request in good order to us. This includes the right to change the ownership. Any change in ownership will take effect on the date the notice of change is signed by the owner, unless otherwise specified by the owner. Any payments made or actions taken by the company prior to receipt of the notice will remain valid regardless of the date the owner signed the notice.

You may assign this policy by forwarding to us a written request in good order in advance of such assignment. We reserve the right, except to the extent prohibited by applicable state law or regulation or by the action of the appropriate state regulatory authority, or any agency or officer performing like functions of the applicable State, to require that assignment will be effective only upon our acceptance, and to refuse assignments at any time on a non-discriminatory basis. No assignment applies to any action we take before receiving your written request.

If your policy is assigned, we will also require the written consent of the assignee. If you have designated an irrevocable beneficiary, the written consent of that beneficiary will also be required.

Death Benefit

What is the death benefit?

On the date of death, the death benefit for this policy is equal to the greater of:

- (1) the death benefit calculated under the death benefit option in effect; or
- (2) the minimum death benefit calculated under the death benefit qualification test applicable for this policy.

The death benefit qualification test is shown on the policy data pages and cannot change.

What are the death benefit options?

The death benefit options are:

- Level Option
- Increasing Option

What is the Level Option?

Under the Level Option, the death benefit equals the face amount.

What is the Increasing Option?

Under the Increasing Option, the death benefit equals the face amount plus the accumulation value of the policy at the insured's death.

How is the death benefit option elected?

You elect a death benefit option on your policy application. If you fail to make an election, the Level Option will be in effect.

What is the death benefit qualification test?

In order for your policy to be considered life insurance under Section 7702 of the Code, it must satisfy either the cash value accumulation test or the guideline premium test. Unless you specify otherwise, the death benefit qualification test for this policy is the guideline premium test. The death benefit qualification test is shown on the policy data pages and cannot be changed.

For your policy to remain qualified as a life insurance policy, we reserve the right to increase the amount of insurance on the insured, to return any excess accumulation value, or to limit the amount of premium paid.

What is the cash value accumulation test?

Under this test, the minimum death benefit is the greater of the amount required for this policy to be deemed life insurance according to the Code, or the accumulation value.

What is the guideline premium test?

Under this test, the minimum death benefit at any time is equal to the accumulation value multiplied by the death benefit percentage for the age of the insured as shown in the table in the policy data pages.

When is the death benefit determined?

The death benefit is determined on each monthly policy anniversary and as of the date of the insured's death.

What proceeds are payable at the insured's death?

The amount payable at the insured's death shall be the death benefit provided by this policy, plus:

- (1) any additional insurance on the insured's life provided by an additional agreement; plus
- (2) under the Level Option, any premium paid by you after the date of the insured's death; minus
- (3) any unpaid monthly charges; minus
- (4) any outstanding policy loan and any unpaid policy loan interest.

Beneficiary

To whom will we pay the death proceeds?

When we receive proof satisfactory to us of the insured's death, we will pay the death proceeds of this policy to the beneficiary or beneficiaries named in the application for this policy unless you have changed the beneficiary. In that event, we will pay the death proceeds to the beneficiary named in your last change of beneficiary request as provided below.

What happens if one or all of the beneficiaries dies before the insured?

If a beneficiary dies before the insured, that beneficiary's interest in the policy ends with that beneficiary's death.

Only those beneficiaries who survive the insured will be eligible to share in the death proceeds. If no beneficiary survives the insured, we will pay the death proceeds of this policy to you, if living, otherwise, to your estate, or to your successor if you are a corporation no longer in existence.

Can you change the beneficiary?

If you have reserved the right to change the beneficiary, you can request in writing to change the beneficiary. If you have not reserved the right to change the beneficiary, the written consent of the irrevocable beneficiary will be required.

Your written request will be effective as of the date you signed the request. However, if the insured dies before the request has been received, the request will not be effective as to those death proceeds we have paid or actions we have taken before we received your request in good order.

Payment of Proceeds

When will the policy proceeds be payable?

The proceeds of this policy will be payable if the policy is surrendered, terminated or if we receive proof satisfactory

to us of the insured's death. These events must occur while the policy is in force. Proof of any claim under this policy must be submitted in writing in good order to our home office. The proceeds will be paid at our home office and in a single sum unless a settlement option has been selected.

Can proceeds be paid in other than a single sum?

Yes. You may, during the insured's lifetime, request that we pay the proceeds under one of the following settlement options. We may also use any other method of payment that is agreeable to you and us. A settlement option may be selected only if the payments are to be made to a natural person in that person's own right.

The following settlement options are all payable in fixed amounts as are described below. These payments do not vary with the investment performance of the variable separate account.

Option 1 -- Interest Payments

Payment of interest on the proceeds at such times and for a period that is agreeable to you and us. Withdrawal of proceeds may be made in amounts of at least \$500. At the end of the period, any remaining proceeds will be paid in either a single sum or under any other method we approve.

Option 2 -- Payments for a Specified Period

Monthly payments for a specified number of years. The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown on the policy data pages. The monthly payments for any period not shown will be furnished upon request.

Option 3 -- Life Income

Monthly payments for the life of the person who is to receive the income. We will require satisfactory proof of the person's age and gender. Payments can be guaranteed for 5, 10, or 20 years. The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown on the policy data pages. The monthly payments for any ages not shown will be furnished upon request.

Option 4 -- Payments of a Specified Amount

Monthly payments of a specified amount until the proceeds and interest are fully paid.

If you request a settlement option, we will prepare an agreement for you to sign, which will state the terms and conditions under which the payments will be made.

The settlement payments at the time of commencement will not be less than those that would be provided by the application of the surrender value to purchase a single premium annuity contract at purchase rates offered to the same class of annuitants by the company whether the

annuity benefits are payable in fixed or variable amounts or a combination thereof.

Can a beneficiary request payment under a settlement option?

A beneficiary may select a settlement option only after the insured's death. However, you may provide that the beneficiary will not be permitted to change the settlement option or any other method of payment you have selected.

Are the proceeds exempt from claims of creditors?

To the extent permitted by law, no payment of proceeds or interest we make will be subject to the claims of any creditors.

Also, if you provide that the option selected cannot be changed after the insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments. If garnishment or any other attachment of the payments is attempted, we will make those payments to a trustee we name. The trustee will apply those payments for the maintenance and support of the person you named to receive the payments.

What settlement option guaranteed interest rate will we pay on policy proceeds?

We will pay interest at an annual rate which will never be less than the rate required in Arkansas Code 23-81-118(c) shown on the policy data pages. On single sum death proceeds, we will pay interest from the date of the insured's death until the date of payment.

If death proceeds are not paid within 30 days from the date payment is due, interest from day 30 to the date of payment will be credited at the Settlement Option Guaranteed Interest Rate shown on the policy data pages.

Premiums

When and where do you pay your premiums?

The initial minimum premium must be paid by the time your policy is delivered. All premiums after the initial minimum premium must be mailed to us at our home office or such other place as we may direct.

Is there a minimum premium payment amount once the policy is in force?

Any premium payment after the payment of the initial minimum premium must be at least \$50.00. Premiums may be paid at any time.

What is the planned premium?

The planned premium as of the policy date or any policy change date is shown on the policy data pages. We will send you notices for the planned premium at the frequency shown on the policy data pages. You may

request to have us send you notices once a year, twice a year, or four times a year. The amount of the planned premium you have selected and the frequency you have selected will be on the notice.

Are there other methods of paying planned premiums?

With the consent of your financial institution, you may request that your planned premiums be automatically withdrawn on a monthly basis from your account at that institution and paid directly to us.

Can you change your planned premium?

You may change your planned premium by sending us a written request in good order. In such case, we will send you notices for the new planned premium. Payment of the planned premium does not guarantee that the policy will remain in force.

Are there restrictions on the payment of premiums?

Yes. We intend that this policy will qualify as a life insurance policy as defined by Section 7702 of the Code. In order to maintain such qualification, we reserve the right to increase the amount of insurance, to return any excess accumulation value, or to limit the amount of premium we will accept.

In addition, unless you have specified otherwise in writing, if the payment of a premium would cause your policy to be classified as a modified endowment contract under the Code, we will not accept your payment.

If mandated by our policies and procedures in order to comply with applicable laws, we may reject a premium. We may also be required to provide information to government regulators regarding the policy, policy owner and premium payments.

Will evidence of insurability be required upon the payment of a premium?

We reserve the right to require evidence of insurability satisfactory to us for any premium payment that would result in an immediate increase in the net amount at risk.

Is there a premium refund at the insured's death?

If the Level Death Benefit Option is in effect at the insured's death, we will pay to the beneficiary any premium amount that was paid after the insured's death.

However, if your policy contains a Waiver of Premium Agreement any premium applied after the insured's death was waived by us under that agreement, we will not refund that premium.

If the Increasing Death Benefit Option is in effect at the insured's death, we will not refund any premium paid after the insured's death.

Is there a premium refund at surrender?

No.

Allocation of Premiums

How are net premiums allocated?

Allocations must be expressed in whole percentages and must be in multiples of 1 percent of the net premium. We reserve the right to restrict the allocation of premium to the general account options.

If you choose to allocate premium to the guaranteed interest account, we will allocate an amount of the net premium, based on the percentages you have chosen in your current allocation instructions, to that account on the date the premium is received.

If you choose to allocate premium to the sub-accounts of the variable separate account, we will allocate an amount of the net premium, based on the percentages you have chosen in your current allocation instructions, to those sub-accounts on that date or the next date if the premium is received after 3:00 pm Central Time.

If you choose to allocate premium to one or more fixed indexed accounts, we will allocate an amount of the net premium, based on the percentages you have chosen in your current allocation instructions, to the interim account on the date the premium is received if the date we receive the premium is not an interim account transfer date.

On the next interim account transfer date, the value in the interim account will be transferred to the fixed indexed accounts according to the allocation instructions in effect on the date the premium was received.

If we receive your premium payment on an interim account transfer date, we will allocate an amount of the net premium, based on the percentages you have chosen in your current allocation instructions, directly to the fixed indexed accounts.

How are initial premiums allocated when your policy is issued?

We reserve the right to delay the allocation of net premiums to named sub-accounts or to the fixed indexed accounts. Such a delay will be for a period of no more than 30 days after the policy is delivered to you. If we exercise this right, net premiums will be allocated to the guaranteed interest account until the end of that period.

Can you change your allocation?

At any time you may change your allocation by sending us a written request in good order. The change will be effective once it is recorded in our home office. The change will apply to future premiums paid after the effective date.

Accounts

What accounts are available?

The accounts that are available are:

- (1) Accounts where assets are held in the company's general account.
 - a. Guaranteed interest account
 - b. Interim account
 - c. Fixed indexed accounts
 - d. Fixed loan account
- (2) Accounts where assets are held in the variable separate account.

We reserve the right to add additional, or eliminate current, accounts where assets are held in the company's general account. We will notify you in advance of any changes in accounts.

Any accounts that are part of the general account are for accounting purposes only. They do not represent a separate account. They do not represent any division of the general account for the specific benefit of policies of this class.

Guaranteed Interest Account

What is the guaranteed interest account?

The guaranteed interest account is a part of the general account that credits interest on a daily basis on amounts held in that account.

Does the guaranteed interest account credit interest?

The guaranteed interest account credits interest at a rate at least equal to the guaranteed interest rate shown on the policy data pages. We may, at our discretion, credit interest at a higher rate. We calculate and credit interest on a daily basis.

What is the value of the guaranteed interest account?

The value in the guaranteed interest account is the sum of:

- (1) all net premiums allocated to the guaranteed interest account; plus
- (2) any credited interest; plus
- (3) transfers into the guaranteed interest account; plus
- (4) allocation of fixed loan account interest; minus
- (5) any policy loans; minus
- (6) partial surrenders; minus
- (7) transfers to other accounts; minus
- (8) charges assessed against your guaranteed interest account.

Interim Account

What is the interim account?

The interim account is a part of the general account that contains applicable net premiums and transfers from other accounts you have directed to be placed into the fixed indexed accounts. On each interim account transfer date, the value in the interim account is moved into the associated fixed indexed accounts according to your instructions.

Does the interim account credit interest?

The interim account credits interest at a rate at least equal to the guaranteed interest rate shown on the policy data pages. We may, at our discretion, credit interest at a higher rate. We calculate and credit interest on a daily basis.

What is the value of the interim account?

On any day, the value of the interim account is equal to:

- (1) the interim account value as of the prior day; plus
- (2) interest credited since the prior day; plus
- (3) the amount of any net premiums allocated to the interim account paid since the prior day; plus
- (4) any policy loan repayment on a policy that has a fixed interest rate loan, and any transfer from the fixed loan account since the prior day; minus
- (5) the amount of any charges assessed against the interim account since the prior day; minus
- (6) the amount of any transfer from the interim account since the prior day; minus
- (7) any applicable partial surrenders since the prior day.

What is the interim account transfer date?

The interim account transfer date as of the policy date is shown on the policy data pages and will occur no more frequently than once per month. If we change the interim account transfer date, we will notify you in your annual report or in other written notice.

What happens on the interim account transfer date?

On the interim account transfer date, we will transfer all of the following value in the interim account to one or more fixed indexed accounts:

- (1) the net premium allocated to one or more fixed indexed accounts according to your premium allocation instructions in effect on the date premium is received; and
- (2) amounts in the interim account resulting from any transfers from other accounts; and
- (3) any loan repayments you made according to the instructions you gave us at the time of the loan repayment.

Fixed Indexed Accounts

What is a fixed indexed account?

A fixed indexed account is a part of the general account that credits interest based on a change in the indices associated with that account.

What fixed indexed accounts are available?

The fixed indexed accounts available are shown on the policy data pages along with the indices that apply to each. Fixed indexed accounts are made up of segments. The fixed indexed account may only be changed by an endorsement approved by the Arkansas Commissioner of Insurance.

What if an index is discontinued or if the calculation of the index is changed substantially?

If an external index is discontinued or if the calculation of the index is changed substantially, we will substitute a comparable successor external index of our choosing.

We will send written notification to you, and any assignee of record, at the last known addresses at least 30 days in advance. That notification will inform you of your options for transferring to other accounts. If you do not give us transfer instructions prior to the date the account is discontinued, we will notify you as to which account we will transfer the value in the discontinued account.

How and when is a segment created?

A new segment is created as a result of a combination of any of the following:

- (1) An automatic transfer to a fixed indexed account from the interim account; and/or
- (2) A transfer to a fixed indexed account made by written request; and/or
- (3) An amount retained in a fixed indexed account at the end of the segment term.

What is the value of a fixed indexed account?

The value of a fixed indexed account is equal to the sum of all the values of all the segments in the fixed indexed account. The value of a segment on any day after the segment date is equal to:

- (1) the value of the segment as of the prior day; plus
- (2) any index credits credited on the segment since the prior day; minus
- (3) the amount of any monthly charges, transfers or partial surrenders from the segment since the prior day.

How and when are the index credits calculated?

We calculate index credits separately for each segment at the end of each index credit term and we add them to the segment at that time. Index credits are not calculated or credited to a segment except at the end of an index credit

term. Amounts deducted from a segment prior to the end of an index credit term will not receive any index credit.

The index credit is equal to the value of the segment as of the end of the index credit term, prior to applying any index credits, multiplied by the participation rate, and then multiplied by the segment growth rate.

What is the segment growth rate for each segment?

The segment growth rate is equal to the weighted average of the index growth rates for each external index applicable to that segment, subject to the maximum of the growth cap and the minimum of the growth floor. An index weight is a percentage assigned to each index in an indexed account. The weights for the external indices applicable to each indexed account are shown on the policy data pages.

What is the index growth rate for each external index?

The index growth rate for any external index is equal to:

- (1) the closing value of the index as of the day coinciding with the end of the index credit term,
- (2) divided by the closing value of the index as of the day coinciding with the end of the prior index credit term, (or the day preceding the segment date for the first index credit calculation done within the segment),
- (3) minus one (1).

The closing value of the index is the published value of the index as of the end of the business day. If no closing value is published for the days referred to above, we will use the closing value for the prior day for which the closing value is published.

Is there a minimum growth cap for the fixed indexed account index credit term?

Yes. The minimum growth cap that we may set for any fixed indexed account index credit term is shown on the policy data pages.

Fixed Loan Account

What is the fixed loan account?

The fixed loan account contains amounts transferred from your other accounts when a fixed interest rate loan is taken.

Does the fixed loan account credit interest?

The fixed loan account credits interest at a rate at least equal to the guaranteed interest rate shown on the policy data pages. We may, at our discretion, calculate interest at a higher rate. We calculate interest and add it to the fixed loan account on a daily basis.

What is the value of the fixed loan account?

As of the initial loan transaction date, the value of the fixed loan account is equal to the value of any policy loan

on such date. After the initial loan transaction date, the value of the fixed loan account is equal to:

- (1) the fixed loan account value as of the prior day; plus
- (2) any interest credited since the prior day; plus
- (3) any new fixed interest rate policy loan since the prior day; minus
- (4) any fixed interest rate policy loan amount repaid since the prior day; minus
- (5) any amount, other than a loan repayment, transferred to other accounts since the prior day.

Variable Separate Account

What is the variable separate account?

The variable separate account is the "Minnesota Life Individual Variable Universal Life Account". We established this variable separate account for this class of policies and other classes of policies under Minnesota law. The variable separate account is composed of several sub-accounts. We own the assets of the variable separate account. However, those assets are not chargeable with the liabilities arising out of any other business we may conduct.

How was the variable separate account established?

We established the variable separate account under Minnesota Law. It is registered as a unit investment trust under the 1940 Act.

What is the purpose of the variable separate account?

The variable separate account supports the operation of the policy (except policy loans and settlement options) and others of its class. Assets of the variable separate account also support other variable life insurance policies we offer through the variable separate account.

Are sub-accounts available under the variable separate account?

The variable separate account is divided into sub-accounts. We allocate net premiums to one or more of the sub-accounts you have chosen. We reserve the right to add, combine or remove any sub-account of the variable separate account and to transfer the assets of one or more sub-accounts to any other sub-account. We also reserve the right to make the sub-accounts available under other classes of policies as we deem appropriate.

What are the investments of the variable separate account?

Each sub-account invests exclusively in the shares of a corresponding fund. Shares are purchased for the variable separate account at the net asset value of the applicable fund. If investment in a fund is no longer possible or if we determine it inappropriate for policies of this class, we may substitute another fund.

Substitution may be with respect to existing policy values. The investment policy of the variable separate account may not be changed, however, without the approval of the regulatory authorities of the state of Minnesota. If required, we will file for approval with the regulatory authorities of the state in which this policy is issued.

We reserve the right to provide to a fund, information about owners and their trading activities involving the fund's portfolio(s) that we deem necessary to (1) deter fraud or violations of our operating rules or the operating rules of the fund and (2) as required to comply with applicable state or federal law.

What changes may we make to the variable separate account?

We reserve the right, when permitted by law, to transfer assets of the variable separate account which we determine to be associated with the class of policies to which this policy belongs, to another variable separate account. If such a transfer is made, the term "variable separate account" as used in this policy shall then mean the variable separate account to which the assets are transferred. A transfer of this kind may require the advance approval of state regulatory authorities.

We reserve the right, when permitted by law, to:

- (1) de-register the variable separate account under the 1940 Act;
- (2) restrict or eliminate any voting right of policy owners or other persons who have voting rights as to the variable separate account;
- (3) combine the variable separate account with one or more other variable separate accounts;
- (4) operate the variable separate account or a sub-account as either a unit investment trust or a management company under the 1940 Act or in any other form allowed by law;
- (5) terminate and/or liquidate the variable separate account;
- (6) make any changes to the variable separate account to conform with, or required by any change in, federal tax law, the 1940 Act and regulations promulgated thereunder, or any applicable federal or state laws.

How are units determined?

With each net premium payment allocated to a sub-account, we divide that payment by the then current unit value for the sub-account, to determine the number of units to credit to the sub-account. The then current unit value is the value at the end of the valuation date on which we receive your premium. Once determined, the number of units will not be affected by changes in the unit value.

How are units increased or decreased?

The number of units in each sub-account will be increased by the allocation of subsequent net premiums,

fixed interest rate loan repayments, transfers to that sub-account, and allocations of fixed loan account interest. The number of units will be decreased by policy charges to the sub-account, fixed interest rate policy loans, transfers and partial surrenders from that sub-account. The number of sub-account units will decrease to zero if a policy is surrendered or terminated.

How is a unit valued?

The value of a unit for each sub-account was originally set at \$1.00 on the first valuation date. The unit value increases or decreases on each valuation date. For any valuation date, the unit value is equal to its value on the preceding valuation date multiplied by the net investment factor for that sub-account for the valuation period ending on the subsequent valuation date. The assets of the variable separate account shall be valued on each valuation date.

What is the net investment factor for each sub-account?

The net investment factor is a measure of the net investment experience of a sub-account.

The net investment factor for a valuation period is the gross investment rate for such valuation period, plus any unit value credit under this policy. We determine periodically whether unit value credits apply. Unit value credits are not guaranteed.

The gross investment rate is equal to:

- (1) the net asset value per share of a fund share held in the sub-account of the variable separate account determined at the end of the current valuation period; plus
- (2) the per-share amount of any dividend or capital gain distributions by the fund if the "ex-dividend" date occurs during the current valuation period; divided by
- (3) the net asset value per share of that fund share held in the sub-account determined at the end of the preceding valuation period.

What is the value of your investment in the variable separate account accumulation value?

The value of your investment in the variable separate account is the sum of the units of each sub-account multiplied by the unit value for that sub-account.

The value of your investment in the variable separate account is not guaranteed.

Accumulation Value

What is the accumulation value?

The accumulation value is equal to the sum of the values in the guaranteed interest account, fixed indexed accounts, fixed loan account, variable separate account

and interim account in which you are invested, each of which is valued separately.

Is there a minimum value applicable on any account?

If your policy terminates, is surrendered or the death benefit is paid, we will calculate a minimum value on each fixed indexed account. The minimum value at death, surrender, or termination for each fixed indexed account is calculated using the guaranteed interest rate shown on the policy data pages. The interest amount is calculated and credited daily.

Requested Transfers

What is a requested transfer?

A requested transfer is a reallocation of all or a portion of the value in your accounts to another account or accounts. Transfers must be requested in writing and are subject to the conditions and limitations on transfers.

Which accounts are available for requested transfers?

You can transfer the value in your accounts into, or out of, the following accounts:

- (1) guaranteed interest account;
- (2) fixed indexed accounts;
- (3) any sub-account of the variable separate account

Are there limitations on transfers?

The maximum value to be transferred must be at least \$250. If the value in an account or sub-account is less than \$250, we reserve the right to include that remaining account or sub-account value in the amount transferred.

We reserve the right to restrict the dollar amount of any transfer to or from the guaranteed interest account and fixed indexed accounts. In addition, transfers to or from the guaranteed interest account and fixed indexed accounts may be limited to one such transfer per policy year.

You may give us instructions in writing for a series of systematic transfers. However, systematic transfers from the fixed indexed accounts are not allowed.

Are there additional restrictions on transfers of values of the variable separate account?

Short-term and excessive trading (sometimes referred to as "market timing") by an owner may have a detrimental effect on assets in the sub-account, the share prices of the corresponding funds, and the rights of other owners. Therefore, to deter short term and excessive trading, we reserve the right to limit the amount and frequency of transfers to the sub-accounts and to refuse to process transfers. Such restrictions may also be applied in any other manner reasonably designed to prevent any use of the transfer right which we consider to be to the disadvantage of other owners.

The funds may restrict the amounts or frequency of transfers to or from the sub-account of the variable separate account in order to protect fund shareholders.

In addition, certain funds in which the sub-accounts invest may impose redemption fees. Any fund redemption fees that you are charged are paid to and retained by the fund, and not us or the variable separate account.

There may be a delay in completing a transfer if the transfer involves a purchase of shares from a fund that requires the receipt of federal funds before accepting a purchase order, or redemption of shares from a fund that delays the payment of proceeds.

How will we determine the value of your accounts upon receipt of a transfer request?

Transfers out of the variable separate account or among the sub-accounts of the variable separate account will be made on the basis of sub-account unit values as of the end of the valuation date on which we receive your written request in good order at our home office.

The value of the transfers out of the guaranteed interest account will be determined as of the date on which we receive your written request in good order at our home office.

The amount to be transferred out of each segment of the fixed indexed account will be determined as of the end of the segment term. The amount of any transfer out of the interim account will be determined as of the date on which we receive your written request in good order at our home office.

Transfers will be effective after we approve and record them at our home office.

Are there additional restrictions on transfers of values from the fixed indexed accounts?

Requests to transfer values of any fixed indexed accounts may be made in writing at any time. Transfers from any fixed indexed account will always affect all segments within that fixed indexed account.

Any request to transfer value from a fixed indexed account, including transfers to another fixed indexed account, must specify the amount to be transferred as a whole percentage of value in the fixed indexed account. Transfers of values from each segment in the fixed indexed account and from any corresponding interim account will be based upon such specified percentage. Any transfer of value from an interim account will occur on the date we receive the transfer request in good order at our home office. However, transfers of value from fixed indexed account segments, including transfers to another fixed indexed account, will only occur at the end of the segment term for each applicable segment.

When such transfers are made, we will process the transactions in this order:

- (1) first we credit any interest and index credits,
- (2) then make transfers, and
- (3) then assess charges, if any.

How do we process transfers to a fixed indexed account from accounts other than a fixed indexed account?

Transfers into any fixed indexed account from anything other than a fixed indexed account may be done any time subject to the limitations we have established on a transferred account.

If we receive a written request in good order to transfer value to a fixed indexed account on a date other than an interim account transfer date, we will transfer value to the interim account on the date your request is received in good order. On the next interim account transfer date, the value in the interim account will be transferred to the fixed indexed account. If we receive a written request in good order to transfer value to a fixed indexed account on an interim account transfer date, we will transfer the value directly to the fixed indexed account.

Basis of Values

What is the basis for the calculations of the nonforfeiture values?

We use the guaranteed interest rate shown on the policy data pages and the 2001 Commissioners Standard Ordinary Composite, Ultimate, Age Nearest Birthday, Sex-Distinct Mortality Tables. However, if the policy was issued as unisex, we use a corresponding unisex mortality table, the 2001 Commissioners Standard Ordinary Composite, Ultimate, Age Nearest Birthday, Table B (80% male, 20% female) Mortality Tables. The gender on the policy data pages describes whether the policy was issued as sex-distinct or unisex.

Do the values in this policy conform to the minimums required by law?

Yes. All nonforfeiture values for this policy will be at least equal to the minimum values required by the state in which this policy was delivered. A detailed statement showing how those values are determined has been filed with the insurance department in states that require such filing. Accumulation values and any paid-up nonforfeiture benefits available under the policy are not less than the minimum values and benefits required by, or pursuant to, the NAIC Universal Life Insurance Regulation, Model #585.

Policy Changes

What policy changes can be made under this policy?

After the first policy anniversary and while this policy is still in force, you may ask us to make any of the following policy changes:

- (1) increase or decrease the face amount;
- (2) change the death benefit option;
- (3) take a partial surrender;
- (4) change your risk class.

You may request a policy change by completing a policy change application.

Will evidence of insurability be required?

Any change in your risk class or any increase in the net amount at risk resulting from a policy change will require evidence of insurability satisfactory to us.

When will a policy change be effective?

A policy change will become effective only:

- (1) on the first monthly policy anniversary on or following the date we approve and record it at our home office; and
- (2) while the health of the insured remains as stated in the application for this change.

When we approve your written request in good order for a change, we will mail you at your last known address, new policy data pages with a copy of your change application attached to them.

May the death benefit option be changed?

You may apply to have the death benefit option changed. We must approve any request to change the death benefit option. The change will take effect on the first monthly policy anniversary on or following the date we approve your request.

After a change in the death benefit option, the death benefit amount will remain the same as before the death benefit option changed.

Can you change the face amount of your policy?

You may request a change to your policy's face amount. This request must be made within the lifetime of the insured. The minimum change must be at least \$5,000 except for face amount changes which are the result of a partial surrender of the policy.

How may the face amount be increased?

You must submit an application to increase your policy's face amount. The application must include evidence of insurability satisfactory to us. The effective date of the increase in face amount will be the first monthly policy anniversary on or following the date all requirements are

met. Upon approval of any face amount increase, we will send you new policy data pages.

How may the face amount be decreased?

You must send us a written request to decrease the face amount of your policy if there are one or more coverage layers eligible for a decrease shown on the policy data pages. A coverage layer is eligible for a decrease if it has been in force for at least one year. The effective date of the decrease in face amount will be the first monthly policy anniversary on or following the date we receive the written request in good order and have approved it. Upon approval of any face amount decrease, we will send you new policy data pages.

How are coverage layers affected by a decrease in face amount?

If there have been prior increases in face amount, any coverage layers that are eligible for decrease will be decreased in the following order:

- (1) first, the most recent increase;
- (2) next, other increases in face amount, in the reverse order in which they were added; and
- (3) finally, the original face amount.

Are there restrictions on face amount decreases based on the Code?

If a requested face amount decrease would cause your policy to be disqualified as life insurance under the Code, we will not accept your request. In addition, unless you have specified otherwise in writing, if a requested face amount decrease would cause your policy to be classified as a modified endowment contract under the Code, we will not accept your request.

Policy Charges

What types of charges are there under this policy?

Charges under this policy are those which we assess against your premiums and your accumulation value.

What charges are assessed against premiums?

Against each premium, we assess a premium charge not to exceed the percent shown on the policy data pages. We assess this charge to compensate us for distribution and administrative expenses and certain premium taxes associated with our issuance of the policy.

What charges are assessed against your accumulation value?

Against your accumulation value, we assess:

- (1) Monthly Policy Charge. This charge will not exceed the amount shown on the policy data pages. This charge is to cover certain administrative expenses, including those

attributable to the records we create and maintain for your policy.

- (2) Policy Issue Charge. This charge is shown in the schedule on the policy data pages and applies for the period shown on the policy data pages following issue and face amount increases. This charge is to recover the expense of issuing, underwriting and distributing the policy.
- (3) Cost of Insurance Charge. This charge for each coverage layer is calculated by multiplying the net amount at risk for that coverage layer by a rate which varies with the insured's age, gender and risk class. The maximum cost of insurance rates for the initial coverage layer are shown on the policy data pages. The maximum cost of insurance rates for any subsequent coverage layer are shown on the new policy data pages sent at the time of the increase. This charge compensates us for providing the death benefit under this policy.
- (4) Mortality and Expense Risk Charge. This charge will not exceed the maximum rate shown on the policy data pages multiplied by the accumulation value. This charge is for assuming the risks that the cost of insurance charge will be insufficient to cover actual mortality experience and that the other policy charges will not cover our expenses in connection with the policy.
- (5) Indexed Account Charge. This charge will not exceed the maximum rate shown on the policy data pages multiplied by the value in the fixed indexed accounts. This charge is to help cover administrative and other expenses associated with the fixed indexed accounts of the policy.
- (6) Cash Extra Charge. This charge compensates us for providing the death benefit when certain mortality risks exceed the standard and is shown on the policy data pages.
- (7) Transaction Charges:
 - a. A Policy Change Transaction Charge is charged at every policy change except for partial surrenders. This charge is for expenses associated with processing a policy change. The charge will not exceed the amount shown on the policy data pages.
 - b. A Partial Surrender Transaction Charge is charged for expenses associated with processing a partial surrender. The Partial Surrender Transaction Charge is shown on the policy data pages.
 - c. A Transfer Transaction Charge is charged at each requested transfer of accumulation value. This charge is for expenses associated with processing a requested transfer. The charge will not exceed the amount shown on the policy data pages.
- (8) Surrender Charge. This charge is shown in the schedule on the policy data pages and applies for the period shown on the policy data pages

following issue and face amount increases. This charge is to compensate us for expenses on the policy which have not yet been recovered through other policy charges.

- (9) **Additional Agreements Charge.** If any agreements are attached to this policy, there may be a charge for any such agreement shown on the policy data pages.

Which of the policy charges are subject to adjustment?

All of the policy charges are subject to adjustment, but the policy charges will never exceed the maximum amounts shown on the policy data pages.

If any policy charge is adjusted, any such adjustment will be based on future estimated or emerging experience as well as profit considerations. Those experience factors that could cause a change in the policy charges are interest, mortality, persistency, taxes, and expenses.

When are charges assessed against your accumulation value?

The Monthly Policy Charge, Policy Issue Charge, Cost of Insurance Charge, Mortality and Expense Risk Charge, Indexed Account Charge, Cash Extra Charge, and Charges for Additional Agreements are assessed in advance on the policy date and at every monthly policy anniversary.

A Transaction Charge is assessed against your accumulation value when the transaction occurs.

A Surrender Charge is assessed against your accumulation value when the policy is surrendered or terminates.

How will policy charges against accumulation value be taken from your various accounts?

You may instruct us as to which accounts and in which proportions the policy charges will be taken. However, an instruction to take policy charges from a fixed indexed account will apply on a pro-rata basis based on the value in each segment of the fixed indexed account.

In the absence of any instructions, the policy charges will be taken from your accounts in the following order:

- (1) All policy charges will be taken first from the value in the guaranteed interest account.
- (2) If the policy charges exceed the value in the guaranteed interest account, the remaining policy charges will be taken from the value in the variable separate account on a pro-rata basis based on the value in each sub-account.
- (3) If the policy charges exceed the value in the guaranteed interest and variable separate accounts, the remaining policy charges will be taken from the value in the interim account.

- (4) If the policy charges exceed the value in the guaranteed interest, variable separate account and the interim accounts, the remaining policy charges will be taken from the value in the fixed indexed accounts on a pro-rata basis based on the value in each segment.

Grace Period

What if there is insufficient accumulation value to cover the monthly charges?

If the accumulation value less the sum of the policy loan and any unpaid policy loan interest is insufficient to cover the monthly charges on any monthly policy anniversary, a 61-day grace period begins. Your policy will remain in force during the grace period. You may pay premiums during this grace period to cover the insufficiency and continue your policy in force beyond the grace period. At least 31 days prior to the end of the grace period, we will send you, and any assignee of record, at the last known addresses, a written notice indicating the due date and the payment required to keep your policy in force.

What is the payment required to keep the policy in force?

The payment required to keep your policy in force after the grace period commences is equal to three times the sum of all the monthly charges that were due at the beginning of the grace period, plus the premium charge that would apply.

What happens if this payment is not made within the grace period?

If the payment is not made by the end of the grace period, your policy will terminate.

What happens if the insured dies during the grace period?

If the insured dies during the grace period, the death proceeds will be paid to the beneficiary.

Reinstatement

Can you reinstate your policy after it has terminated?

Yes. At any time within three years from the date of policy termination, you may ask us to restore your policy to an in force status, unless the policy has terminated due to a full policy surrender. We will require:

- (1) your written request in good order to reinstate this policy;
- (2) that you submit to us at our home office during the insured's lifetime evidence satisfactory to us of the insured's insurability so that we may have time to act on the evidence during the insured's lifetime;
- (3) a payment sufficient to cover all monthly charges, policy loan interest due and unpaid during the

grace period, and any proceeds paid at termination; and

- (4) a premium sufficient to keep the policy in force for three (3) months after the date of the reinstatement.

What is the effective date of the reinstatement?

The effective date of the reinstated policy will be the first monthly policy anniversary on or following the date we approve your request to reinstate.

What are the surrender and policy issue charges at the reinstatement date?

The surrender charge and policy issue charge schedules that were in place at the end of the grace period will be effective at the reinstatement date.

We will send you new policy data pages when your policy is reinstated.

Policy Loans

Can you borrow money on your policy?

You may borrow up to the maximum loan amount. This amount is determined as of the date we receive your written request in good order for a loan. We will require your written request for a policy loan. The policy will be the only security required for your loan.

We have the right to postpone your loan for up to six months when the policy loan is to come from the value of your accounts that are part of the general account. We cannot do so if the loan is to be used to pay premiums on any policies you have with us.

What type of policy loans are available?

You may choose between a fixed interest rate loan and a variable interest rate loan. If you are switching from a fixed interest rate loan to variable interest rate loan type, you must have sufficient value in the fixed indexed accounts. If you want to change the type of loan and a policy loan exists, your existing loan balance plus any accrued loan interest will be transferred to the other loan type.

When is policy loan interest due and payable?

Interest accrues daily and will be charged on the loan in arrears. Policy loan interest is due on a policy loan transaction, on each policy anniversary, on surrender or termination of the policy and on the date of the death of the insured. If you do not pay the interest on your loan in cash, your policy loan will be increased by an additional policy loan in the amount of the unpaid interest. It will then be charged the same rate of interest as your loan.

How and when can you repay your loan?

If your policy is in force, your loan can be repaid in part or in full at any time before the insured's death. Your loan may also be repaid within 60 days after the date of the

insured's death if we have not paid any of the benefits under this policy.

What happens if you do not repay your loan?

Your policy will remain in force so long as the accumulation value less the sum of the policy loan and any unpaid policy loan interest is sufficient to cover the monthly charges. Otherwise, your policy will terminate.

To prevent your policy from terminating, you will have to make a loan repayment. We will notify you 61 days in advance of our intent to terminate the policy and the loan repayment required to keep it in force. The time for repayment will be within 61 days after our mailing of the notice.

What happens to unallocated money we receive?

Unless money we receive is designated by you as a repayment of loan or loan interest, we will automatically apply it as premium for your policy.

FIXED INTEREST RATE LOAN

What is a fixed interest rate loan?

A fixed interest rate loan is a loan where the interest rate we charge does not vary for the duration of the loan.

The fixed interest rate is shown on the policy data pages.

What is the maximum amount available for a fixed interest rate loan?

The maximum amount available for a fixed interest rate loan under your policy is the accumulation value less the surrender charge less three (3) months of monthly charges. This amount will be determined as of the date we receive your request for a loan in good order at our home office.

How will the accumulation value be affected when you take a fixed interest rate loan?

We will take the amount of the loan from your accounts other than the fixed loan account and transfer those values to the fixed loan account.

You may instruct us as to which accounts and in which proportions a fixed interest rate policy loan will be taken. However, an instruction to take a fixed interest rate policy loan from a fixed indexed account will apply on a pro-rata basis based on the value in each segment of the fixed indexed account.

In the absence of any instructions, the fixed interest rate loan amount will be taken from your accounts in the following order:

- (1) All fixed interest rate loan amounts will be taken first from the value in the guaranteed interest account.

- (2) If the fixed interest rate loan amount exceeds the value in the guaranteed interest account, the remaining fixed interest rate loan amount will be taken from the value in the variable separate account on a pro-rata basis based on the value in each sub-account.
- (3) If the fixed interest rate loan amount exceeds the value in the guaranteed interest account and variable separate accounts, the remaining fixed interest rate loan amount will be taken from the value in the interim account.
- (4) If the fixed interest rate loan amount exceeds the value in the guaranteed interest, variable separate account and the interim accounts, the remaining fixed interest rate loan amount will be taken from the value in the fixed indexed accounts on a pro-rata basis based on the value in each segment.

Is the interest credited in the fixed loan account transferred to other accounts?

Yes. At every policy loan transaction and policy anniversary, the interest credited to the fixed loan account since the last policy loan transaction or the last policy anniversary is allocated to your other accounts on a pro-rata basis.

What happens when you repay a fixed interest rate policy loan?

When you repay a fixed interest rate policy loan, the policy loan is reduced by the amount of the loan repayment.

You may instruct us as to which accounts and in which proportions the fixed loan repayment will be allocated.

In the absence of any instructions, the fixed interest rate loan repayment will be allocated to all your accounts other than the fixed loan account on a pro-rata basis based on the value in each of the accounts.

We reserve the right to restrict the amount of any fixed interest rate loan repayment allocated to the guaranteed interest account or to the fixed indexed accounts.

VARIABLE INTEREST RATE LOAN

What is a variable interest rate loan?

A variable interest rate loan is a loan where the loan interest rate can change annually throughout the duration of the loan.

The variable interest rate loan in effect on the policy date is shown on the policy data pages. If that rate changes, we will notify you in the annual report or other written notice.

The variable interest rate will be equal to the greater of:

- (1) the published monthly average (Moody's Corporate Bond Yield Average - Monthly Average Corporates) as published by Moody's Investors Service, Inc. or its successor for the calendar month ending two months prior to the date the rate is determined, and
- (2) the guaranteed interest rate for the guaranteed interest account shown on the policy data pages, plus one (1) percent per annum.

However, the variable loan interest rate will not exceed the current crediting rate on the Guaranteed Interest Account, plus the Variable Loan Interest Rate Factor shown on the policy data pages.

The Insurance Commissioner in the state in which the application for your policy was signed will substitute a substantially similar average if the published monthly average is no longer published.

How does the interest rate on a variable interest rate loan change?

We may change the interest rate once a year on your policy anniversary. We will notify you prior to your anniversary of any changes for the coming year. The rate charged may be increased whenever such increase would increase the rate by one-half percent or more per annum. The rate charged must be decreased whenever such decrease would decrease that rate by one-half percent or more per annum. Any change in the loan interest rate will apply to any new policy loans or policy loans existing on your policy anniversary.

What is the maximum amount available for variable interest rate loans?

The maximum amount available for all variable interest rate loans under your policy is the value in the fixed indexed accounts, including the value in the interim account, less the surrender charge less three (3) months of monthly charges. This amount will be determined as of the date we receive your request for a loan in good order at our home office.

How will the accumulation value be affected when you take a variable interest rate loan?

The accumulation value is unaffected when you take a variable interest rate loan.

What happens when you repay a variable interest rate loan?

When you repay a variable interest rate loan, that loan is reduced by the amount of the loan repayment.

What happens if the variable interest rate loan exceeds the value in the fixed indexed accounts including the interim account?

If the variable interest rate loan plus any accrued loan interest exceeds the value in the fixed indexed accounts, including the interim account, we will automatically transfer any existing loan balance plus accrued loan interest from the variable interest rate loan to a fixed interest rate loan. You may convert back to a variable interest rate loan by a method that is agreeable to you and us.

We will make this determination at every policy loan transaction, at each policy change and at each monthly policy anniversary.

Surrender

May the policy be surrendered?

You may request to surrender your policy at any time while the insured is living. If you request a full surrender, your policy will terminate.

Is there a surrender charge?

The surrender charge is shown on the policy data pages of this policy.

What is the surrender value of your policy?

The surrender value is the accumulation value less any unpaid policy charges which we assess against accumulation value, less any policy loan, any unpaid policy loan interest, and less the surrender charge.

We determine the surrender value as of the end of the valuation date on which we receive your written surrender request in good order.

How do you surrender your policy?

Send your policy and a written request in good order for surrender to us at our home office. We will send your surrender proceeds to you in a single sum unless you request otherwise.

Is a partial surrender permitted?

You may make a partial surrender of your surrender value any time after the first policy year. The amount of a partial surrender must be \$500 or more.

With the Level Option a partial surrender will cause a decrease in the face amount equal to the amount surrendered.

What is the maximum partial surrender permitted?

The maximum amount of partial surrender permitted at any time is the accumulation value minus:

- (1) any policy loan and accrued loan interest,
- (2) the surrender charge
- (3) three (3) months of monthly charges.

Is there a charge for a partial surrender?

For a partial surrender, we charge a Partial Surrender Transaction Charge which is shown on the policy data pages.

May you direct us as to how partial surrenders will be taken from the accumulation value?

You may instruct us as to which accounts and in which proportions a partial surrender will be taken. However, any instruction to take a partial surrender from a fixed indexed account will apply on a pro-rata basis based on the value in each segment of the fixed indexed account.

In the absence of any instructions, the partial surrenders will be taken from your accounts in the following order:

- (1) All partial surrenders will be taken first from the value in the guaranteed interest account.
- (2) If the partial surrender exceeds the value in the guaranteed interest account, the remaining amount of the partial surrender will be taken from the value in the variable separate account on a pro-rata basis based on the value in each sub-account.
- (3) If the amount of the partial surrender exceeds the value in the guaranteed interest and variable separate account, the remaining amount of the partial surrender will be taken from the value in the interim account.
- (4) If the amount of the partial surrender exceeds the value in the guaranteed interest, variable separate account and interim accounts, the remaining partial surrender will be taken from the value in the fixed indexed accounts on a pro-rata basis based on the amount in each segment.

Are there restrictions on the amount of the partial surrender?

Yes. If a requested partial surrender would cause your policy to be disqualified as life insurance under the Code, we will not accept your request. In addition, unless you have specified otherwise in writing, if a requested partial surrender would cause your policy to be classified as a modified endowment contract under the Code, we will not accept your request.

May policy payments be deferred?

We reserve the right to defer surrender and partial surrender payments for up to six months from the date of your written request, if surrender and partial surrender payments are based upon accumulation values that do not depend on the investment performance of the variable separate account. In that case, if we postpone our payment for more than 31 days, we will pay you interest at the guaranteed interest rate shown on the policy data pages for the period during which payment is postponed.

In addition, we reserve the right to defer surrender and partial surrender payments, transfers, loans and the payment of death benefit proceeds for the following: (a)

for any period during which the New York Stock Exchange is closed for trading (except for normal holiday closing); (b) when the Securities and Exchange Commission has determined that a state of emergency exists which may make such payment impractical, or (c) the Securities and Exchange Commission, by order, permits deferral for the protection of owners.

If mandated under applicable law, we may block an owner's policy or restrict policy transactions and thereby refuse to pay any request for transfer, surrender, partial surrender, loans or death benefit proceeds until instructions are received from the appropriate regulator. We may provide additional information about the owner, the policy, and the policy's accounts to government regulators.

Additional Information

Can you assign your policy?

You may assign this policy by forwarding to us a written request in good order in advance of such assignment. We reserve the right, except to the extent prohibited by applicable state law or regulation or by the action of the appropriate state regulatory authority or any agency or officer performing like functions of the applicable state, to require that assignment will be effective only upon our acceptance, and to refuse assignments at any time on a non-discriminatory basis. After we approve the assignment and unless we specify otherwise, the assignment will take effect on the date the owner signed the notice.

We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any proceeds which become payable to the assignee will be payable in a single sum. Any payment made or actions taken by the company prior to receipt of this notice will remain in effect. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of that interest.

What if the insured's age or gender is misstated?

If the insured's age or gender has been misstated, we will adjust the death proceeds detailed on page 2 based on what the last monthly charges would have purchased at the correct age and gender. No other adjustment will be made.

What are the administrative requirements for processing transactions?

We will process requested transactions, payments and changes under this policy only after we have received at our home office all requirements in good order according to our then current procedures. These requirements, which may change from time to time, may include proper completion of forms, valid instructions, and authorizations, or other administrative or evidentiary requirements.

We reserve the right to require you or other persons providing a signature, in connection with a disbursement of any amounts under the policy or a change in beneficial

rights under the policy, to provide a signature guarantee to protect against fraud.

When does your policy become incontestable?

After this policy has been in force during the insured's lifetime for two years from the policy date, we cannot contest this policy, except for the nonpayment of premiums or for fraud where permitted by the laws of the state where this policy was issued.

However, if there has been a policy change or reinstatement for which we required evidence of insurability, that policy change or reinstatement will be contestable for two years during the lifetime of the insured, from the effective date of the policy change or reinstatement.

Is there a suicide exclusion?

If the insured, whether sane or insane, dies by suicide within two years of the policy date, our liability will be limited to an amount equal to the premiums paid for this policy less any policy loan, unpaid loan interest, and partial surrenders.

If there has been a policy change for which we required evidence of insurability, and if the insured dies by suicide within two years from the effective date of the policy change, our liability with respect to the policy change will be limited to an amount equal to the portion of the monthly charges associated with that policy change.

ML PREMIER VARIABLE UNIVERSAL LIFE POLICY

**Flexible Premium Variable Universal Life Insurance with
Index-Linked Features**

Face Amount and Premium may be adjusted by the owner.

**Policy may terminate before death of the insured even if
planned premiums are paid**

Nonparticipating

Minnesota Life Insurance Company, a stock company, is a subsidiary of Minnesota Mutual Companies, Inc., a mutual holding company. You are a member of the Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.

MINNESOTA LIFE

Waiver of Charges Agreement

This agreement is a part of the policy to which it is attached and is subject to all its terms and conditions.

What does this agreement provide?

This agreement provides for the waiver of all policy charges assessed against the accumulation value on a monthly basis if the insured becomes totally and permanently disabled. To qualify, you must give us timely notice and evidence satisfactory to us that the insured's total disability:

- (1) commenced while this policy and agreement were in force, and
- (2) commenced after the policy anniversary nearest the insured's age 18 but before the policy anniversary nearest the insured's age 60, and
- (3) was continuous for six months or more.

What is "total" disability?

Total disability is a disability resulting from an accidental injury or a disease that requires the care of a licensed physician and continuously prevents the insured from engaging in an occupation. During the first 24 months of total disability "occupation" means the insured's regular occupation. After 24 months it means any occupation for which the insured is reasonably fitted by education, training or experience.

Also, the insured's total and irrecoverable loss of:

- (1) the sight of both eyes, or
- (2) the use of both hands, or
- (3) the use of both feet, or
- (4) the use of one hand and one foot, or
- (5) hearing or speech,

will be considered total disability even if the insured engages in an occupation.

What is "permanent" disability?

Total disability will be considered permanent only after it has existed continuously for at least six months.

What charges will be waived?

After we approve the claim, we will waive all policy charges assessed against the accumulation value on a monthly basis.

How long will we waive charges?

As long as the insured remains disabled, we will waive charges on a monthly basis to the insured's age 121.

What happens when we waive charges?

After we approve your claim, we will waive all policy charges assessed against the accumulation value on a monthly basis from that date until the date the insured recovers.

Our waiver of the monthly charges will not guarantee that the policy will remain in force. If the policy accumulation value is insufficient to cover the policy loan interest, you will be required to make a loan repayment on any outstanding policy loan during the insured's disability in order to keep the policy in force.

While we are waiving charges during the insured's disability, we will not permit any policy changes.

What if the insured recovers from the disability?

We will no longer waive any charges on this policy due after the insured recovers and will resume sending notices for the planned premium.

Are there any limitations?

We will not waive any charges if the insured's total disability results directly from an act of war while the insured is serving in the military, naval or air forces of any country at war, declared or undeclared.

If our waiving all policy charges assessed against the accumulation value on a monthly basis would cause your policy to be classified as a modified endowment contract under the Code, or to be disqualified as life insurance under Section 7702 of the Code, we will limit the amount of charges we waive to avoid those results.

When must we be notified?

We must receive written notice of the insured's total disability at our home office while the insured is living and totally disabled, and not later than one year after the termination of this agreement, and within one year after onset of disability.

However, the failure to give this notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

What proof will be required?

You must furnish proof satisfactory to us that the insured is totally and permanently disabled as defined in this agreement before we will waive charges. We will from time to time also require additional proof satisfactory to us that the insured continues to be totally and permanently disabled. We may also require the insured to submit to one or more physical examinations at our expense. However, we will not require a physical examination more frequently than once a year if the total disability has continued for two years.

What is the cost?

The monthly charge for this agreement is shown on the policy data pages.

When is this agreement incontestable?

This agreement is subject to the incontestability provision in this policy. However, the contestable period for this agreement will be measured from the effective date of this agreement.

When will this agreement terminate?

This agreement will terminate on:

- (1) the date this policy is surrendered or terminated;
or
- (2) the date we receive your written request to
cancel this agreement; or
- (3) the policy anniversary nearest the insured's 60th
birthday.

This agreement is effective as of the original policy date of this policy unless a different effective date is shown on the policy data pages.

[*Dennis E. Fiedler*

Secretary

Robert L. Lankin

President]

Accelerated Death Benefit Agreement

This agreement is a part of the policy to which it is attached and is subject to all its terms and conditions. This agreement is effective as of the policy date shown on the policy data pages.

The receipt of any accelerated death benefit may be taxable to you. You should seek assistance from your personal tax advisor.

What does this agreement provide?

This agreement provides for the payment of an accelerated benefit if the insured has a terminal condition, as described below.

The accelerated benefit will be paid as a lien against the policy death benefit. At the death of the insured, the death benefit, not the accumulation value, will be reduced by the entire amount of the lien.

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less.

What evidence do we require of the insured's terminal condition?

We must be given evidence that satisfies us that, because of sickness or accident, the insured's life expectancy is 12 months or less. That evidence must include certification by a licensed physician.

A licensed physician is an individual licensed to practice medicine or treat illness in the state in which treatment is received. This does not include you, the insured, or a member of your or the insured's immediate family. Immediate family is the insured's or your spouse, legal partner, child, parent, grandparent, grandchild, brothers and sisters and their spouses or legal partners.

Do we have the right to obtain independent medical verification?

Yes. We retain the right to obtain a second or a third medical opinion, at our expense, to verify the insured's medical condition. The second medical opinion may include a physical examination by a physician designated by the company. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a physician that is mutually acceptable to the insured and the company.

What are the conditions for the payment of an accelerated benefit?

We will consider the payment of an accelerated benefit, subject to all of the following conditions:

- (1) your policy must be in force;

- (2) you must apply in writing and in a form satisfactory to us;
- (3) if the policy is assigned or has an irrevocable beneficiary, that assignee or beneficiary must sign a consent to the payment of an accelerated benefit.

Is there a minimum or maximum amount for an accelerated benefit?

Yes. The minimum accelerated benefit is \$10,000. The maximum accelerated benefit is the lesser of \$1,000,000 or 75% of the death benefit.

In addition, the maximum accelerated benefit is reduced by the amount of any irrevocable settlement option you have elected under the terms of the policy or any agreement.

How will we pay the accelerated benefit?

We will pay the accelerated benefit in one lump sum.

When will the accelerated benefit be paid?

Payment will be made upon our receipt of satisfactory proof of eligibility. If a payment is not made within 30 days of our receipt of satisfactory proof, we will pay interest on the amount of the payment from the 31st day until the date of payment. Interest will be at the rate stated in the policy Payment of Proceeds provision.

To whom will we pay accelerated benefits?

All accelerated benefits will be paid to you or your estate unless you validly assign them.

If the insured dies after you elect to receive accelerated death benefits but before any such benefits have been paid, your election will be cancelled and the death benefit paid as stated in the policy provisions.

How is your policy affected when you receive an accelerated benefit?

The accelerated benefit plus any accrued interest will be considered a lien of a portion of the death benefit.

If the accelerated benefit, plus interest exceeds the loan value of your policy, you will not be able to surrender the policy or receive any further policy loans.

At the death of the insured, the entire amount of the lien and interest will reduce the death benefit. Any remaining death benefit proceeds will be paid to the beneficiary of your policy.

How will you know the effect of the acceleration on your policy?

At the time of your election to receive an accelerated benefit, we will provide to you, and any irrevocable beneficiary, a statement demonstrating the effect of the acceleration on your policy death benefit, accumulation value, premium and policy loans.

Can you repay an accelerated benefit?

Yes. The accelerated benefit may be repaid in full or in part at any time.

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit is not intended to cause you to reduce involuntarily the death proceeds ultimately payable to the named beneficiary. An accelerated benefit will be made available to you on a voluntary basis only.

If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit. If you are required by a government agency to use this option to apply for, obtain, or keep a government benefit or entitlement, you are not eligible for this benefit.

Will interest be charged on the amount taken as an accelerated benefit?

Yes. The interest rate charged on the portion of the accelerated benefit lien equal to the loan value of the policy at the time the accelerated benefit is paid shall not exceed the policy loan interest rate.

The interest rate on the portion of the accelerated benefit lien in excess of the loan value of the policy at the time the accelerated benefit is paid will be set quarterly on the first day of each calendar quarter. It will not exceed the greater of the policy loan interest rate, or the "published monthly average" for the calendar month ending two months before the beginning of the calendar quarter.

The "published monthly average" means the Moody's Composite Average of Yields on Bonds as published by the Moody's Investors Service. The Insurance Commissioner in the state in which the application for your policy was signed will substitute a substantially similar average if the published monthly average is no longer published.

We will notify you when we pay the accelerated benefit what the interest rate charge will be. The interest rate will not be changed during the course of the accelerated benefit lien.

Interest is charged daily on the amount of the lien; it is payable annually in arrears. The unpaid interest will be added to the accelerated benefit lien and charged the same rate of interest as your accelerated benefit lien.

Additional interest will not accrue if the accelerated benefit lien plus accrued interest equals the death benefit.

Will it be necessary to keep this policy in force after an accelerated benefit has been paid?

Yes. Once an accelerated benefit has been paid, you must keep the policy in force until such time as the death benefit is payable or the entire accelerated benefit is repaid to us. If necessary, we will pay any premiums required to keep your policy in force and add them to the accelerated benefit lien which will reduce any death benefits payable. However, if the policy includes a waiver of premium provision and the insured qualifies under that provision, we will pay those premiums according to the Schedule of Monthly Premiums to Waive in the policy data pages.

How will this agreement affect coverage on additional insureds under this policy?

Coverage on any additional insureds, whether covered under this policy or any agreement attached to this policy, will not be included in the amount available for acceleration.

Is this agreement subject to the incontestability and suicide provisions of the policy?

Yes. Those provisions apply to this agreement. The contestable and suicide periods will be measured from the effective date of this agreement.

If this agreement is issued at a date later than this policy, then this agreement will be contestable but only as to the evidence of insurability which we required to issue this agreement.

When does this agreement terminate?


This agreement will terminate on the earliest of:

- (1) the date this policy is surrendered, or otherwise terminated; or
- (2) the date we receive your written request to cancel this agreement; or
- (3) the date of the insured's death.

Can this agreement be reinstated?

Yes, this agreement can be reinstated under the following conditions:

- (1) all of the reinstatement conditions stated in your policy have been satisfied; and
- (2) we receive written request from you.

[

Secretary


President]

Application Part 1

Individual Life Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
[Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

A. Proposed Insured Information	Proposed insured name (last, first, middle)			
	Social Security number		Date of birth (month, day, year)	
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Driver's license number		Issue state	Expiration date
	Primary telephone number		Secondary telephone number	
	Birthplace (state or, if outside the US, country)		E-mail address	
	Street address (no P.O. Box)			
	City		State	Zip code
	Occupation		Years in occupation	Income
B. Product	Product applied for		Base face amount \$	
	Total annual planned premium (excluding NRP)		Plan of insurance (if applicable)	
	Death benefit qualification test (if applicable, defaults to GPT if none selected) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)			
	Death benefit option (if applicable, defaults to cash/level if none selected) <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums			
	Dividend option (if applicable, defaults to policy improvement for AL Legend and paid-up additions for Secure Whole Life)			
C. Additional Benefits and Agreements <i>Select only those agreements available on the product(s) applied for.</i>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> [Accelerated Benefit Agreement (Submit ABA Outline of Coverage form)] <input type="checkbox"/> Accidental Death Benefit Agreement \$_____(Coverage Amount) <input type="checkbox"/> Additional Insurance Agreement \$_____(Coverage Amount) <input type="checkbox"/> Business Continuation Agreement <input type="checkbox"/> Business Value Enhancement Agreement Select one: <input type="checkbox"/> Maximum Single Premium <input type="checkbox"/> Level Premium with PDA (Submit Premium Deposit Account Information form) <input type="checkbox"/> Children's Term or Family Term - Child Agreement (Submit Family/Children's Term Application) \$_____(Coverage Amount) <input type="checkbox"/> Death Benefit Guarantee Agreement <input type="checkbox"/> Early Values Agreement <input type="checkbox"/> Enhanced Guaranteed Agreement <input type="checkbox"/> Enhanced Guaranteed Choice Agreement <input type="checkbox"/> Estate Preservation Agreement \$_____(Coverage Amount) Face Amount (Not to exceed 122% of base amount) <input type="checkbox"/> Estate Preservation Choice Agreement \$_____(Coverage Amount) Face Amount (Not to exceed 122% of base amount) <input type="checkbox"/> Exchange of Insureds Agreement <input type="checkbox"/> Extended Conversion Agreement <input type="checkbox"/> Extended Maturity Agreement <input type="checkbox"/> Face Amount Increase Agreement <input type="checkbox"/> First to Die Agreement \$_____(Coverage Amount) </div> <div style="width: 50%;"> <input type="checkbox"/> Flexible Term Agreement <input type="checkbox"/> 10-year <input type="checkbox"/> 20-year <input type="checkbox"/> Guaranteed Income Agreement <input type="checkbox"/> Guaranteed Insurability Option Agreement \$_____(Coverage Amount) <input type="checkbox"/> Guaranteed Insurability Option Agreement with Waiver \$_____(Coverage Amount) <input type="checkbox"/> Income Protection Agreement _____% Lump Sum _____% Installments (minimum 25%) _____ Installment Payment Cease Age (age 95 or less) Frequency of Installment Payment(s) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Inflation Agreement <input type="checkbox"/> Long-Term Care Agreement (Submit LTC Supplemental Application) <input type="checkbox"/> Overloan Protection Agreement <input type="checkbox"/> Premium Deposit Account Agreement (Submit Premium Deposit Account Information form) <input type="checkbox"/> Single Life Term Agreement \$_____(Coverage Amount) <input type="checkbox"/> Single Premium Paid-Up Additional Insurance Agreement \$_____(Premium Amount) <input type="checkbox"/> Surrender Value Enhancement Agreement <input type="checkbox"/> Term Insurance Agreement \$_____(Coverage Amount) <input type="checkbox"/> Waiver of Charges Agreement <input type="checkbox"/> Waiver of Premium Agreement <input type="checkbox"/> Other _____ <input type="checkbox"/> Other] _____ </div> </div>			

	<p>THE FOLLOWING BENEFITS AND AGREEMENTS <i>WILL BE ADDED</i> IF AVAILABLE FOR YOUR POLICY, UNLESS YOU CHOOSE TO OMIT THEM:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Omit Automatic Premium Loan Provision <input type="checkbox"/> Omit Inflation Agreement (AL Summit, VAL Summit and VAL Horizon only) </div> <div> <input type="checkbox"/> Omit Cost of Living Agreement <input type="checkbox"/> Omit Policy Split Agreement </div> </div>																																																			
D. Special Dating	<input type="checkbox"/> Date to save age <input type="checkbox"/> Specific date (month/day/year): _____ (cannot select 29th, 30th, or 31st of the month) Are there any other Minnesota Life applications associated with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Proposed Insured(s) full name(s) and whether the policies should have the same issue date.																																																			
E. Life Insurance In Force and Replacement <i>Submit appropriate replacement forms (not needed if replacing group coverage).</i>	<div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>Excluding this policy, does the Proposed Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned, or is in the process of being sold or assigned, to a life settlement, viatical or secondary market provider? If yes, provide details in the chart below.</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details in the chart below.</p> <p>Life Insurance In Force</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Full Company Name</th><th style="width: 15%;">Amount</th><th style="width: 10%;">Year Issued</th><th style="width: 25%;">Type</th><th style="width: 20%;">Will it be Replaced?</th></tr> </thead> <tbody> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group </td><td rowspan="2"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td> <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td></tr> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group </td><td rowspan="2"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td> <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td></tr> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group </td><td rowspan="2"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td> <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td></tr> </tbody> </table>					Full Company Name	Amount	Year Issued	Type	Will it be Replaced?				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business																								
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			<input type="checkbox"/> Personal or <input type="checkbox"/> Business																																																	
F. Beneficiary Information <i>If the beneficiary is a trust, give complete trust name and date trust established.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 45%;">Beneficiary First and Last Name</th><th style="width: 20%;">Relationship to Proposed Insured</th><th style="width: 15%;">SSN/TIN (If known)</th><th style="width: 15%;">Percentage</th></tr> </thead> <tbody> <tr> <td rowspan="5">Primary</td> <td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr> <td rowspan="5">Contingent</td> <td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Beneficiary First and Last Name	Relationship to Proposed Insured	SSN/TIN (If known)	Percentage	Primary																					Contingent																				
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Primary																																																				
Contingent																																																				

G. Owner Information

Submit the appropriate trust, corporate, or non-corporate form(s).

Only complete this section if the Owner is different than the Insured.

Owner name (last, first, middle)

- ☐ Individual
- ☐ Trust (submit Certification of Trustee Authority form)
- ☐ Corporate (submit Corporate/Non-Profit Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
- ☐ Partnership (submit Partnership/LLC Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
- ☐ Other _____

Social Security or tax ID number

Date of birth or trust date

Street address (no P.O. box)

City

State

Zip code

Relationship to proposed insured

Telephone number

E-mail address

H. Premium and Billing Information

Premium Notice Should Be Sent To:

- ☐ Proposed Insured Address in Section A
- ☐ Owner Address in Section G
- ☐ Owner's Business/Employer Address (Indicate below)
- ☐ Other (Indicate below)

Name

Address

City

State

Zip code

Payment Method:

- ☐ Annual
- ☐ Quarterly
- ☐ Semi-Annual
- ☐ Monthly Electronic Funds Transfer (EFT) Plan Number _____
(If new plan, submit EFT Authorization)
- ☐ Payroll Deduction Plan (PRD) Plan Number _____
- ☐ List Bill Plan Number _____ (if new plan, submit List Bill Setup form)

Source of Funds:

- ☐ Earnings
- ☐ Sale of Investments
- ☐ Existing Insurance
- ☐ Savings
- ☐ Gift/Inheritance
- ☐ Other _____
- ☐ Retirement Funds

Third Party Notification (optional):

If you wish, you may give us the name and address of a person whom you designate to also receive notice of an overdue premium or pending lapse. (Indicate below)

Name

Address

City

State

Zip code

I. Additional Premium	<div style="display: flex; justify-content: space-between;"> <div> 1035 Exchange (If yes, submit 1035 Exchange Agreement form) </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <hr/> Non-Repeating Premium (NRP) Regular NRP \$ _____ Billable Non-Repeating Premium (Billable NRP) (If base premium is paid through a list bill, the NRP must also be billed through the same list bill.) Total Annual Billable NRP \$ _____ (Minimum annual \$600 NRP required. Minimum annual \$2,400 base premium required.) Include Billable NRP at issue, with first premium payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Payment Method <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly </div> <div> <input type="checkbox"/> Monthly Electronic Funds Transfer (EFT) Plan Number _____ (If new plan, submit EFT/APP Authorization) <input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number _____ </div> </div> <hr/> Universal Life and Whole Life Additional Premium (excluding 1035) \$ _____
J. Money Submitted with Application <i>Make all checks payable to Minnesota Life.</i>	Has the Owner paid money with this application to the representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____ Was a Life Receipt and Temporary Insurance Agreement given? <input type="checkbox"/> Yes <input type="checkbox"/> No
K. Special Mailing Address	If mail (other than the premium notice) should be sent somewhere other than the Owner's Home Address, please indicate here. <input type="checkbox"/> Owner's Business Address <input type="checkbox"/> Other - Indicate Name and Address <hr/> Name (last, first, middle) <hr/> Address <hr/> <div style="display: flex; justify-content: space-between;"> <div>City</div> <div>State</div> <div>Zip code</div> </div>
L. Request for Illustration <i>Complete for non-variable products, excluding term.</i>	Choose one of the following: (For Policy Exchanges, only the first option is available.) <input type="checkbox"/> An illustration matching the policy applied for was presented to the Owner/Applicant and a signed copy is included with this application. The Owner/Applicant has received a copy. <input type="checkbox"/> An illustration was presented or provided to the Owner/Applicant, but is different from the policy applied for. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery. <input type="checkbox"/> No illustration conforming to the policy as applied for was shown or provided to the Owner/Applicant prior to or at the time of taking this application. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery.
M. Proposed Insured Underwriting Information	<div> 1. Is the proposed insured a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of _____ Indicate visa type _____ </div> <div> 2. Does the proposed insured plan to travel or reside outside the US in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel: _____ _____ </div> <div> 3. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in piloting a plane? If yes, complete the Military and Aviation Statement. <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

<p>4. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in skin diving (snorkel, scuba, or other), sky diving, mountain/rock climbing, horse racing, rodeo, polo, bull fighting, bungee jumping, BASE jumping, canyoneering, boxing, professional wrestling, extreme skiing, or racing (motor vehicle or boat)? If yes, complete Sports and Avocation Statement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Is the proposed insured in the Armed Forces, National Guard, or Reserves? If yes, complete Military and Aviation Statement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Has the proposed insured applied for insurance within the last six months? If yes, provide details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Has the proposed insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Has the proposed insured, within the past five years, been convicted of a driving while intoxicated violation, had a driver's license restricted or revoked, or been convicted of a moving violation? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Except for traffic violations, has the proposed insured ever been convicted of a misdemeanor or felony? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner's behalf? If yes, provide details and a copy of the applicable entity's controlling documents.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Have you had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Is this policy in accordance with your insurance objectives and your anticipated financial needs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. Has the representative discussed whether this policy is suitable for you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Reason for purchasing policy:</p> <p>a. Accumulation</p> <p>b. Business Planning/Key Person</p> <p>c. Charitable Giving</p> <p>d. Death Benefit Protection</p> <p>e. Estate Planning</p> <p>f. Retirement/Deferred Compensation</p> <p>g. Other _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>17. A. Has the proposed insured ever smoked cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td data-bbox="464 149 654 212">Current smoker <input type="checkbox"/></td> <td data-bbox="654 149 821 212">Past smoker <input type="checkbox"/></td> <td data-bbox="821 149 987 212">Packs per day</td> <td colspan="2" data-bbox="987 149 1523 212">Date last cigarette smoked (MM, DD, YY)</td> </tr> </table> <p>B. Has the proposed insured ever used tobacco, other than cigarettes, in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td data-bbox="464 258 654 321">What type</td> <td data-bbox="654 258 821 321">Current user <input type="checkbox"/></td> <td data-bbox="821 258 987 321">Past user <input type="checkbox"/></td> <td data-bbox="987 258 1151 321">How much</td> <td data-bbox="1151 258 1523 321">Date of last use (MM, DD, YY)</td> </tr> </table>	Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)		What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)
Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)								
What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)							
N. Additional Remarks											
O. Home Office Endorsements	<p>Home Office Corrections or Additions</p> <p>Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, gender, amount, classification, plan or benefits unless agreed to in writing.</p>										

Policy Change Application
No Underwriting Required
Individual Life Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
[Individual Life Policy Administration • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

A. Request Information <i>Make all checks payable to Minnesota Life.</i>	Policy number(s)	Insured name (last, first, middle)	
	Money submitted with application \$ _____ <input type="checkbox"/> Receipt Given	Effective date of change <input type="checkbox"/> Current Date <input type="checkbox"/> Date Of Next EFT/APP Draw <input type="checkbox"/> Other (Indicate mm/yy and reason) _____	
B. Owner Information	Owner name (last, first, middle)		
	Telephone number <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	E-mail address	
C. Address Adjustments	<input type="checkbox"/> Change Owner Home Address <input type="checkbox"/> Add/Change Mailing Address (Check One): <input type="checkbox"/> Premium Notices Only <input type="checkbox"/> All Correspondence Other Than Premium Notice <input type="checkbox"/> All Mail		
	Name (last, first, middle)		
	Address		
	City	State	Zip
D. Face Amount Adjustments	<input type="checkbox"/> Change Face Amount: \$ _____ (Unless otherwise indicated, for Adjustable products, we will maintain the premium and adjust the plan.)		
	<input type="checkbox"/> Cost Of Living Alternate Exercise <input type="checkbox"/> AIO/AIOW/FAIA/GIO Exercise <input type="checkbox"/> Inflation Agreement Exercise <input type="checkbox"/> Alternate Option Date: _____ (Attach Proof)		
E. Premium and Billing Information	Premium Adjustment <input type="checkbox"/> Change Total Annual Planned Premium Amount: \$ _____ (Unless otherwise indicated, for Adjustable products, we will maintain the face amount and adjust the plan.)		
	Payment Method <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Electronic Funds Transfer (EFT/APP) Plan Number: _____ (If new plan, submit EFT/APP Authorization) <input type="checkbox"/> Semi-Annual <input type="checkbox"/> List Bill Plan Number: _____ (If new plan, submit List Bill form) <input type="checkbox"/> Quarterly <input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number: _____		
	Source of Funds <input type="checkbox"/> Earnings <input type="checkbox"/> Sale of Investments <input type="checkbox"/> Existing Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Other _____ <input type="checkbox"/> Retirement Funds		
	Non-Repeating Premium (NRP) Regular NRP \$ _____ <input type="checkbox"/> Increase Face By NRP Amount <input type="checkbox"/> Do Not Increase Face By NRP Amount		
	Billable Non-Repeating Premium (Billable NRP) (If base premium is paid through a list bill, the NRP must also be billed through the same list bill.) Total Annual Billable NRP \$ _____ (Minimum annual \$600 NRP required. Minimum annual \$2,400 base premium required.) Payment Method <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Electronic Funds Transfer (EFT/APP) Plan Number: _____ (If new plan, submit EFT/APP Authorization) <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number: _____ <input type="checkbox"/> Quarterly		

	1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit 1035 Exchange Agreement form)	
F. Plan Adjustments	<input type="checkbox"/> Change Plan Of Insurance: <input type="checkbox"/> Life At Age: _____ <input type="checkbox"/> Protection To Age: _____ (Unless otherwise indicated, for Adjustable products, we will maintain the face amount and adjust the premium.)	
G. Partial Surrenders	<input type="checkbox"/> Partial Surrender to Cash: \$ _____ or <input type="checkbox"/> Max Amount <input type="checkbox"/> Partial Surrender to Eliminate Policy Loan (Dividend additions and accumulations will be surrendered first) The death benefit amount will be reduced. If a correct Social Security or Tax ID number is not provided, the IRS requires Minnesota Life to withhold 10% of any taxable gain, irrespective of the withholding election. This applies to all partial surrenders and loan eliminations with taxable gain. Complete withholding section and enter Social Security number/tax ID number below. <input type="checkbox"/> Yes, I elect withholding <input type="checkbox"/> No, I do not elect withholding Owner's Social Security number/tax ID number _____	
H. Systematic Distributions	<input type="checkbox"/> Partial Surrender <input type="checkbox"/> Partial Surrender to Basis Then Loans (select loan type for index product) <input type="checkbox"/> Fixed Loan Interest Rate <input type="checkbox"/> Variable Loan Interest Rate Amount of Distribution \$ _____ Start Date of Distributions _____ Frequency: <input type="checkbox"/> Monthly or <input type="checkbox"/> Annually Distribution Day: <input type="checkbox"/> 10th or <input type="checkbox"/> 20th	
I. Conversions	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Conversion Term Insurance At Attained Age <div> <input type="checkbox"/> Partial Conversion Amount: \$ _____ <input type="checkbox"/> Surrender balance <input type="checkbox"/> Retain balance </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Select Product: <input type="checkbox"/> Adjustable Life Legend <input type="checkbox"/> Adjustable Life Summit <input type="checkbox"/> Secure Accumulator Whole Life <input type="checkbox"/> Secure Protector Whole Life <input type="checkbox"/> Variable Adjustable Life Horizon <input type="checkbox"/> Variable Adjustable Life Summit <input type="checkbox"/> Other _____ </div> <div style="width: 35%;"> <input type="checkbox"/> Accumulator Universal Life <input type="checkbox"/> Accumulator Variable Universal Life <input type="checkbox"/> Eclipse Indexed Universal Life <input type="checkbox"/> Eclipse Protector Indexed Universal Life (For Eclipse, Eclipse Protector, and Accumulator, select a Death Benefit Qualification Test. If none selected the default is GPT) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT) </div> </div> <p style="font-size: small;"> Select a Death Benefit or Dividend Option in Section J. For Variable Adjustable Life, Universal Life and Adjustable Life Summit, the default death benefit option is Level/Cash. For Adjustable Life Legend, the default dividend option is Policy Improvement. For Secure Whole Life, the default dividend option is Paid-Up Additions. Business Value Enhancement Agreement is not available for term conversions. </p> <div style="margin-top: 10px;"> <input type="checkbox"/> Convert Term Insurance Into Existing Policy Existing Policy Number: _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Convert Term Agreement Term Agreement: _____ Insured Name: _____ </div> <p style="font-weight: bold; font-size: small;"> Automatic Premium Loan (APL) Provision is automatically <i>added</i> at conversion, if available for the product, unless indicated here: <input type="checkbox"/> Omit Automatic Premium Loan Provision </p> <div style="margin-top: 10px;"> Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms. <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
J. Other Adjustments	<input type="checkbox"/> Change Death Benefit Option To: <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums The Protection death benefit option generally requires underwriting. If changing from Level Death Benefit Option the face amount will decrease.	<input type="checkbox"/> Change Dividend Option To: _____ Automatic Premium Loan Provision <input type="checkbox"/> Add <input type="checkbox"/> Remove

K. Additional Agreements

Select only those agreements available on the products applied for.

<input type="checkbox"/> Maintain Current Annual Premium	<input type="checkbox"/> Change Current Annual Premium Accordingly			
		ADD	REMOVE	CHANGE AMOUNT NEW AMOUNT
[Accelerated Benefit Agreement (Submit ABA Outline of Coverage form)]	<input type="checkbox"/>	<input type="checkbox"/>		
Accidental Death Benefit Agreement			<input type="checkbox"/>	
Additional Insurance Agreement			<input type="checkbox"/>	\$ _____
Adjustable Survivorship Life Agreement			<input type="checkbox"/>	\$ _____
Business Continuation Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Business Value Enhancement Agreement			<input type="checkbox"/>	\$ _____
Children's Term or Family Term Children's Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Cost of Living Agreement			<input type="checkbox"/>	
Death Benefit Guarantee Agreement*	<input type="checkbox"/>	<input type="checkbox"/>		
Early Values Agreement*	<input type="checkbox"/>			
Enhanced Guaranteed Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
Enhanced Guaranteed Choice Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
Estate Preservation Agreement		<input type="checkbox"/>		
Estate Preservation Choice Agreement		<input type="checkbox"/>		
Exchange of Insureds Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
Extended Conversion Agreement		<input type="checkbox"/>		
Face Amount Increase Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Family Term - Spouse Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
First to Die Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Flexible Term Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Guaranteed Income Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
Guaranteed Insurability Option Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Guaranteed Insurability Option Agreement with Waiver		<input type="checkbox"/>		
Guaranteed Protection Waiver		<input type="checkbox"/>		
Income Protection Agreement**			<input type="checkbox"/>	_____ %
Inflation Agreement		<input type="checkbox"/>		
Interest Accumulation Agreement		<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Long-Term Care Agreement (Submit LTC Supplemental Application)		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Overloan Protection Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
Policy Enhancement Agreement (Indicate a whole number from 3 to 10%)			<input type="checkbox"/>	_____ %
Policy Split Agreement		<input type="checkbox"/>		
Premium Deposit Account Agreement (Submit Premium Deposit Account Information form)	<input type="checkbox"/>	<input type="checkbox"/>		
Single Life Term Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Single Premium Paid Up Additional Insurance Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
Surrender Value Enhancement Agreement		<input type="checkbox"/>		
Term Insurance Agreement		<input type="checkbox"/>		
Waiver of Charges Agreement		<input type="checkbox"/>		
Waiver of Premium Agreement		<input type="checkbox"/>		
Other: _____]				

*Can only be added when converting term insurance to a new policy.

**Can only be changed when converting term insurance into an existing policy.

L. Life Insurance In Force and Replacement <i>Submit appropriate replacement forms (not needed if replacing group coverage).</i>	<div style="display: flex; justify-content: space-between;"> <div>Excluding this policy, does the Insured have any life insurance, annuity or mutual fund in force or pending?</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details on the Replacement Disclosure Statement.</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>		
M. Additional Remarks			
N. Home Office Endorsements	Home Office Corrections or Additions Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, amount, gender, classification, plan or benefits unless agreed to in writing.		
O. Agreements	<p>AGREEMENTS: I have read, or had read to me the statements and answers recorded on my application. They are given to obtain this insurance and are, to the best of my knowledge and belief, true, complete, and correctly recorded. I agree that they will become part of this application and any policy issued on it.</p> <p>VARIABLE LIFE: I understand that the amount or the duration of the death benefit (or both) of the policy applied for may increase or decrease depending on the investment results of the sub-accounts of the separate account. I understand that the actual cash value of the policy applied for is not guaranteed and increases and decreases depending on the investment results. There is no minimum actual cash value for the policy values invested in these sub-accounts.</p> <p>FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input type="checkbox"/> Change Service Representative (Print name/code only if policy is being reassigned) </div> <div style="width: 40%;">Representative name</div> <div style="width: 30%;">Firm/rep code</div> </div>			
Owner signature (give title if signed on behalf of a business)	Date	City	State
X			
Assignee signature (give title if signed on behalf of a business)	Date	City	State
X			
Irrevocable beneficiary signature (give title if signed on behalf of a business)	Date	City	State
X			
Parent/conservator/guardian signature (juvenile applications)	Date	City	State
X			
I believe that the information provided by this applicant is true and accurate. I certify I have accurately recorded all information given by the Owner(s).			
Licensed representative signature	Firm/rep code	Date	
X			

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[illegible]

	1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit 1035 Exchange Agreement form)
F. Plan Adjustments	<input type="checkbox"/> Change Plan Of Insurance: <input type="checkbox"/> Life At Age: _____ <input type="checkbox"/> Protection To Age: _____ (Unless otherwise indicated, for Adjustable products, we will maintain the face amount and adjust the premium.)
G. Partial Surrenders	<input type="checkbox"/> Partial Surrender to Cash: \$ _____ or <input type="checkbox"/> Max Amount <input type="checkbox"/> Partial Surrender to Eliminate Policy Loan (Dividend additions and accumulations will be surrendered first) The death benefit amount will be reduced. To maintain current face amount check below (underwriting is required): <input type="checkbox"/> Maintain Face Amount If a correct Social Security or Tax ID number is not provided, the IRS requires Minnesota Life to withhold 10% of any taxable gain, irrespective of the withholding election. This applies to all partial surrenders and loan eliminations with taxable gain. Complete withholding section, and enter Social Security number and tax ID number below. <input type="checkbox"/> Yes, I elect withholding <input type="checkbox"/> No, I do not elect withholding Owner's Social Security number/tax ID number _____
H. Systematic Distributions	<input type="checkbox"/> Partial Surrender <input type="checkbox"/> Partial Surrender to Basis Then Loans (select loan type for index product) <input type="checkbox"/> Fixed Loan Interest Rate <input type="checkbox"/> Variable Loan Interest Rate Amount of Distribution \$ _____ Start Date of Distributions _____ Frequency: <input type="checkbox"/> Monthly or <input type="checkbox"/> Annually Distribution Day: <input type="checkbox"/> 10th or <input type="checkbox"/> 20th
I. Conversions	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Conversion Term Insurance At Attained Age Select Product: <input type="checkbox"/> Adjustable Life Legend <input type="checkbox"/> Adjustable Life Summit <input type="checkbox"/> Secure Accumulator Whole Life <input type="checkbox"/> Secure Protector Whole Life <input type="checkbox"/> Variable Adjustable Life Horizon <input type="checkbox"/> Variable Adjustable Life Summit <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Partial Conversion Amount: \$ _____ <input type="checkbox"/> Surrender Balance <input type="checkbox"/> Retain Balance <input type="checkbox"/> Accumulator Universal Life <input type="checkbox"/> Accumulator Variable Universal Life <input type="checkbox"/> Eclipse Indexed Universal Life <input type="checkbox"/> Eclipse Protector Indexed Universal Life (For Eclipse, Eclipse Protector, and Accumulator, select a Death Benefit Qualification Test. If none selected the default is GPT) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT) </div> </div> <p style="font-size: small;">Select a Death Benefit or Dividend Option in Section J. For Variable Adjustable Life, Universal Life and Adjustable Life Summit, the default death benefit option is Level/Cash. For Adjustable Life Legend, the default dividend option is Policy Improvement. For Secure Whole Life, the default dividend option is Paid-Up Additions. Business Value Enhancement Agreement is not available for term conversions.</p> <hr/> <input type="checkbox"/> Convert Term Insurance Into Existing Policy Existing Policy Number: _____
	<input type="checkbox"/> Convert Term Agreement Term Agreement: _____ Insured Name: _____
	Automatic Premium Loan (APL) Provision is automatically added at conversion, if available for the product, unless indicated here: <input type="checkbox"/> Omit Automatic Premium Loan Provision
	Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms. <input type="checkbox"/> Yes <input type="checkbox"/> No

J. Other Adjustments	<input type="checkbox"/> Change Death Benefit Option To: <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums </div> <p style="font-size: x-small;">The Protection death benefit option generally requires underwriting. If changing from Level Death Benefit Option the face amount will decrease. To maintain current face amount check below (underwriting is required):</p> <input type="checkbox"/> Maintain Face Amount				<input type="checkbox"/> Change Dividend Option To: 																																																																																																																												
	<input type="checkbox"/> Improve Risk Class <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Maintain current annual premium <input type="checkbox"/> Reduce current annual premium </div>																																																																																																																																
	<input type="checkbox"/> Add Non-Smoker/Non-Tobacco Designation <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> 1. Do you currently smoke any cigarettes or have you smoked any cigarettes in the past 12 months? 2. Do you currently use any tobacco or have you used any tobacco in the past 12 months? </div> <div style="width: 15%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <p style="font-size: x-small;">I understand that a material misrepresentation, including but not limited to, statements regarding my tobacco status, may result in the cancellation of insurance and non-payment of any claim.</p>																																																																																																																																
	<input type="checkbox"/> Reinstate <p style="font-size: x-small;">I understand that this application will be attached to and considered part of the policy to which it applies. Also, I understand that this policy will be contestable, as to representations in this application, from the date of reinstatement for the time period stated in the incontestable provision of the policy.</p>																																																																																																																																
	Automatic Premium Loan Provision <input type="checkbox"/> Add <input type="checkbox"/> Remove																																																																																																																																
K. Additional Agreements <i>Select only those agreements available on the products applied for.</i>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Maintain Current Annual Premium <input type="checkbox"/> Change Current Annual Premium Accordingly </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th></th> <th style="text-align: center;">ADD</th> <th style="text-align: center;">REMOVE</th> <th style="text-align: center;">CHANGE AMOUNT</th> <th style="text-align: center;">NEW AMOUNT</th> </tr> </thead> <tbody> <tr style="background-color: #f2f2f2;"> <td>[Accelerated Benefit Agreement (Submit ABA Outline of Coverage form)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Accidental Death Benefit Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Additional Insurance Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Adjustable Survivorship Life Agreement (Complete Application for Designated Life)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr style="background-color: #f2f2f2;"> <td>Business Continuation Agreement (Complete Application for Designated Life)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Business Value Enhancement Agreement</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr style="background-color: #f2f2f2;"> <td>Children's Term or Family Term Children's Agreement (Submit Family/Children's Term Application)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Cost of Living Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Death Benefit Guarantee Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Early Values Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Enhanced Guaranteed Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Enhanced Guaranteed Choice Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Estate Preservation Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Estate Preservation Choice Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Exchange of Insureds Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Extended Conversion Agreement</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Face Amount Increase Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Family Term - 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	Income Protection Agreement* <input type="checkbox"/> <input type="checkbox"/> _____% Complete if Adding Agreement: _____% Lump Sum _____% Installments (minimum 25%) _____ Installment Payment Cease Age (age 95 or less) Frequency of Installment Payment(s) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually				
	Inflation Agreement <input type="checkbox"/> <input type="checkbox"/>				
	Interest Accumulation Agreement* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____%				
	Long-Term Care Agreement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____ (Submit LTC Supplemental Application)				
	Overloan Protection Agreement <input type="checkbox"/> <input type="checkbox"/>				
	Policy Enhancement Agreement <input type="checkbox"/> <input type="checkbox"/> _____% (Indicate a whole number from 3 to 10%)				
	Policy Split Agreement <input type="checkbox"/> <input type="checkbox"/>				
	Premium Deposit Account Agreement <input type="checkbox"/> <input type="checkbox"/> (Submit Premium Deposit Account Information form)				
	Single Life Term Agreement <input type="checkbox"/> <input type="checkbox"/> \$ _____				
	Single Premium Paid Up Additional Insurance Agreement <input type="checkbox"/> <input type="checkbox"/>				
	Surrender Value Enhancement Agreement* <input type="checkbox"/> <input type="checkbox"/>				
	Term Insurance Agreement* <input type="checkbox"/> <input type="checkbox"/>				
	Waiver of Charges Agreement <input type="checkbox"/> <input type="checkbox"/>				
	Waiver of Premium Agreement <input type="checkbox"/> <input type="checkbox"/>				
	Other: _____]				
	*Can only be added when converting term insurance to a new policy.				
L. Life Insurance In Force and Replacement Submit appropriate replacement forms (not needed if replacing group coverage).	Excluding this policy, does the Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned, or is in the process of being sold or assigned, to a life settlement, viatical or secondary market provider? If yes, provide details in the chart below.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details in the chart below.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Life Insurance In Force				
	Full Company Name	Amount	Year Issued	Type <input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	Will it be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
M. Insured Underwriting Information	Driver's license number		State of issue	Expiration date	
	Birthplace (state or, if outside the US, country)				
	Occupation		Income		
	1. Is the insured a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of _____ Indicate visa type _____				

	<p>2. Does the insured plan to travel or reside outside the US in the next two years? If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel:</p> <p>_____</p> <p>_____</p> <p>3. Has the insured within the last five years, or does the proposed insured plan, within two years, to engage in piloting a plane? If yes, complete the Military and Aviation Statement.</p> <p>_____</p> <p>4. Has the insured within the last five years, or does the proposed insured plan, within two years, to engage in skin diving (snorkel, scuba, or other), sky diving, mountain/rock climbing, horse racing, rodeo, polo, bull fighting, bungee jumping, BASE jumping, canyoneering, boxing, professional wrestling, extreme skiing or racing (motor vehicle or boat)?</p> <p>_____</p> <p>5. Is the insured in the Armed Forces, National Guard, or Reserves? If yes, complete the Military and Aviation Statement.</p> <p>_____</p> <p>6. Has the insured applied for insurance within the last six months? If yes, provide details below.</p> <p>_____</p> <p>_____</p> <p>7. Has the insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below.</p> <p>_____</p> <p>_____</p> <p>8. Has the insured, within the past five years, been convicted of a driving while intoxicated violation, had a driver's license restricted or revoked, or been convicted of a moving violation? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p> <p>9. Except for traffic violations, has the insured ever been convicted of a misdemeanor or felony? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p>
<p>N. Additional Remarks</p>	
<p>O. Home Office Endorsements</p>	<p>Home Office Corrections or Additions</p> <p>Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, gender, amount, classification, plan or benefits unless agreed to in writing.</p>

Application Part 1

Individual Life Insurance

Minnesota Life Insurance Company - A Securian Company
[Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

MINNESOTA LIFE

A. Proposed Insured Information	Proposed insured name (last, first, middle)			
	Social Security number		Date of birth (month, day, year)	
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Driver's license number		Issue state	Expiration date
	Primary telephone number		Secondary telephone number	
	Birthplace (state or, if outside the US, country)		E-mail address	
	Street address (no P.O. Box)		City	State
			Zip code	
Occupation		Years in occupation	Income	Net worth
B. Product	Product applied for		Base face amount \$	
	Total annual planned premium		Plan of insurance (if applicable)	
	Death benefit qualification test (if applicable, defaults to GPT if none selected) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)			
	Death benefit option (If applicable, defaults to Cash/Level if none selected) <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums			
	Dividend option (if applicable, defaults to Paid-Up Additions for Secure Whole Life)			
C. Additional Benefits and Agreements	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> [Accelerated Benefit Agreement (Submit ABA Outline of Coverage form) <input type="checkbox"/> Accidental Death Benefit Agreement \$ (Coverage Amount) <input type="checkbox"/> Additional Insurance Agreement \$ (Coverage Amount) <input type="checkbox"/> Business Value Enhancement Agreement Select one: <input type="checkbox"/> Maximum Single Premium <input type="checkbox"/> Level Premium with PDA (Submit Premium Deposit Account Information form) <input type="checkbox"/> Children's Term or Family Term - Child Agreement (Submit Family/Children's Term Application) \$ (Coverage Amount) <input type="checkbox"/> Death Benefit Guarantee Agreement <input type="checkbox"/> Early Values Agreement <input type="checkbox"/> Estate Preservation Agreement \$ (Coverage Amount) Face Amount (Not to exceed 122% of base amount) <input type="checkbox"/> Estate Preservation Choice Agreement \$ (Coverage Amount) Face Amount (Not to exceed 122% of base amount) <input type="checkbox"/> Exchange of Insureds Agreement <input type="checkbox"/> Extended Conversion Agreement <input type="checkbox"/> Face Amount Increase Agreement <input type="checkbox"/> First to Die Agreement \$ (Coverage Amount) <input type="checkbox"/> Flexible Term Agreement <input type="checkbox"/> 10-year <input type="checkbox"/> 20-year </div> <div style="width: 48%;"> <input type="checkbox"/> Guaranteed Income Agreement <input type="checkbox"/> Guaranteed Insurability Option Agreement \$ (Coverage Amount) <input type="checkbox"/> Guaranteed Insurability Option Agreement with Waiver \$ (Coverage Amount) <input type="checkbox"/> Income Protection Agreement _____% Lump Sum _____% Installments (minimum 25%) _____% Installment Payment Cease Age (age 95 or less) Frequency of Installment Payment(s) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Inflation Agreement <input type="checkbox"/> Long-Term Care Agreement (Submit LTC Supplemental Application) <input type="checkbox"/> Overloan Protection Agreement <input type="checkbox"/> Premium Deposit Account Agreement (Submit Premium Deposit Account Information form) <input type="checkbox"/> Single Life Term Agreement \$ (Coverage Amount) <input type="checkbox"/> Single Premium Paid-Up Additional Insurance Agreement \$ (Premium Amount) <input type="checkbox"/> Surrender Value Enhancement Agreement <input type="checkbox"/> Term Insurance Agreement \$ (Coverage Amount) <input type="checkbox"/> Waiver of Charges Agreement <input type="checkbox"/> Waiver of Premium Agreement <input type="checkbox"/> Other <input type="checkbox"/> Other </div> </div>			

	THE FOLLOWING BENEFITS AND AGREEMENTS WILL BE ADDED IF AVAILABLE FOR YOUR POLICY, UNLESS YOU CHOOSE TO OMIT THEM: <input type="checkbox"/> Omit Automatic Premium Loan Provision <input type="checkbox"/> Omit Policy Split Agreement																											
D. Special Dating	<input type="checkbox"/> Date to save age <input type="checkbox"/> Specific date (month/day/year): _____ (cannot select 29th, 30th, or 31st of the month) Are there any other Minnesota Life applications associated with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Proposed Insured(s) full name(s) and whether the policies should have the same issue date.																											
E. Life Insurance In Force and Replacement <i>Submit appropriate replacement forms (not needed if replacing group coverage).</i>	Excluding this policy, does the Proposed Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned, or is in the process of being sold or assigned, to a life settlement, viatical or secondary market provider? If yes, provide details in the chart below. <input type="checkbox"/> Yes <input type="checkbox"/> No Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details in the chart below. <input type="checkbox"/> Yes <input type="checkbox"/> No Life Insurance In Force <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Full Company Name</th><th style="width: 15%;">Amount</th><th style="width: 10%;">Year Issued</th><th style="width: 25%;">Type</th><th style="width: 20%;">Will it be Replaced?</th></tr> </thead> <tbody> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td><input type="checkbox"/> Individual or <input type="checkbox"/> Group</td><td rowspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td><input type="checkbox"/> Personal or <input type="checkbox"/> Business</td></tr> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td><input type="checkbox"/> Individual or <input type="checkbox"/> Group</td><td rowspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td><input type="checkbox"/> Personal or <input type="checkbox"/> Business</td></tr> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td><input type="checkbox"/> Individual or <input type="checkbox"/> Group</td><td rowspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td><input type="checkbox"/> Personal or <input type="checkbox"/> Business</td></tr> </tbody> </table>					Full Company Name	Amount	Year Issued	Type	Will it be Replaced?				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business
Full Company Name	Amount	Year Issued	Type	Will it be Replaced?																								
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			<input type="checkbox"/> Personal or <input type="checkbox"/> Business																									
F. Beneficiary Information <i>If the beneficiary is a trust, give complete trust name and date trust established.</i>		Beneficiary First and Last Name	Relationship to Proposed Insured	SSN/TIN (If known)	Percentage																							
	Primary																											
	Contingent																											

G. Owner Information

Submit the appropriate trust, corporate, or non-corporate form(s).

Only complete this section if the Owner is different than the Insured.

Owner name (last, first, middle)

- ☐ Individual
☐ Trust (submit Certification of Trustee Authority form)
☐ Corporate (submit Corporate/Non-Profit Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
☐ Partnership (submit Partnership/LLC Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
☐ Other _____

Social Security or tax ID number

Date of birth or trust date

Street address (no P.O. box)

City

State

Zip code

Relationship to proposed insured

Telephone number

E-mail address

H. Premium and Billing Information**Premium Notice Should Be Sent To:**

- ☐ Proposed Insured Address in Section A
☐ Owner's Business/Employer Address (Indicate below)
☐ Owner Address in Section G
☐ Other (Indicate below)

Name

Address

City

State

Zip code

Payment Method:

- ☐ Annual
☐ Semi-Annual
☐ Quarterly
☐ Monthly Electronic Funds Transfer (EFT) Plan Number _____
(If new plan, submit EFT Authorization)
☐ List Bill Plan Number _____ (if new plan, submit List Bill Setup form)

Source of Funds:

- ☐ Earnings
☐ Existing Insurance
☐ Gift/Inheritance
☐ Retirement Funds
☐ Sale of Investments
☐ Savings
☐ Other _____

Third Party Notification (optional):

If you wish, you may give us the name and address of a person whom you designate to also receive notice of an overdue premium or pending lapse. (Indicate below)

Name

Address

City

State

Zip code

I. Additional Premium**Universal Life and Whole Life Additional Premium (excluding 1035)**

\$ _____

1035 Exchange

(If yes, submit 1035 Exchange Agreement form)

☐ Yes ☐ No

J. Money Submitted with Application <i>Make all checks payable to Minnesota Life.</i>	Has the Owner paid money with this application to the representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____ Was a Life Receipt and Temporary Insurance Agreement given? <input type="checkbox"/> Yes <input type="checkbox"/> No																																
K. Special Mailing Address	If mail (other than the premium notice) should be sent somewhere other than the Owner's Home Address, please indicate here. <input type="checkbox"/> Owner's Business Address <input type="checkbox"/> Other - Indicate Name and Address Name (last, first, middle) _____ Address _____ <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">City _____</td> <td style="width: 20%;">State _____</td> <td style="width: 20%;">Zip code _____</td> </tr> </table>	City _____	State _____	Zip code _____																													
City _____	State _____	Zip code _____																															
L. Request for Illustration <i>Complete for non-variable products, excluding term.</i>	Choose one of the following: (For Policy Exchanges, only the first option is available.) <input type="checkbox"/> An illustration matching the policy applied for was presented to the Owner/Applicant and a signed copy is included with this application. The Owner/Applicant has received a copy. <input type="checkbox"/> An illustration was presented or provided to the Owner/Applicant, but is different from the policy applied for. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery. <input type="checkbox"/> No illustration conforming to the policy as applied for was shown or provided to the Owner/Applicant prior to or at the time of taking this application. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery.																																
M. Proposed Insured Underwriting Information	<table border="0"> <tr> <td>1. Is the proposed insured a US citizen?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">If no, citizen of _____</td> </tr> <tr> <td colspan="2">Indicate visa type _____</td> </tr> <tr> <td>2. Does the proposed insured plan to travel or reside outside the US in the next two years?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel:</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td>3. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in piloting a plane? If yes, complete the Military and Aviation Statement.</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>4. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in skin diving (snorkel, scuba, or other), sky diving, mountain/rock climbing, horse racing, rodeo, polo, bull fighting, bungee jumping, BASE jumping, canyoneering, boxing, professional wrestling, extreme skiing, or racing (motor vehicle or boat)? If yes, complete Sports and Avocation Statement.</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>5. Is the proposed insured in the Armed Forces, National Guard, or Reserves? If yes, complete Military and Aviation Statement.</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>6. Has the proposed insured applied for insurance within the last six months? If yes, provide details below.</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td>7. Has the proposed insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below.</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table>	1. Is the proposed insured a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, citizen of _____		Indicate visa type _____		2. Does the proposed insured plan to travel or reside outside the US in the next two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel:		_____		_____		3. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in piloting a plane? If yes, complete the Military and Aviation Statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in skin diving (snorkel, scuba, or other), sky diving, mountain/rock climbing, horse racing, rodeo, polo, bull fighting, bungee jumping, BASE jumping, canyoneering, boxing, professional wrestling, extreme skiing, or racing (motor vehicle or boat)? If yes, complete Sports and Avocation Statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is the proposed insured in the Armed Forces, National Guard, or Reserves? If yes, complete Military and Aviation Statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has the proposed insured applied for insurance within the last six months? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		_____		7. Has the proposed insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		_____	
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8. Has the proposed insured, within the past five years, been convicted of a driving while intoxicated violation, had a driver's license restricted or revoked, or been convicted of a moving violation? If yes, provide dates and details below. ☐ Yes ☐ No

9. Except for traffic violations, has the proposed insured ever been convicted of a misdemeanor or felony? If yes, provide dates and details below. ☐ Yes ☐ No

10. Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued? ☐ Yes ☐ No

11. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner's behalf? If yes, provide details and a copy of the applicable entity's controlling documents. ☐ Yes ☐ No

12. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms. ☐ Yes ☐ No

13. Have you had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained. ☐ Yes ☐ No

14. Is this policy in accordance with your insurance objectives and your anticipated financial needs? ☐ Yes ☐ No

15. Has the representative discussed whether this policy is suitable for you? ☐ Yes ☐ No

16. Reason for Purchasing Policy:

- | | |
|-------------------------------------|--|
| a. Accumulation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Business Planning/Key Person | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Charitable Giving | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Death Benefit Protection | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Estate Planning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Retirement/Deferred Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

17. A. Has the proposed insured ever smoked cigarettes? ☐ Yes ☐ No

Current smoker	Past smoker	Packs per day	Date last cigarette smoked (MM, DD, YY)
<input type="checkbox"/>	<input type="checkbox"/>		

B. Has the proposed insured ever used tobacco, other than cigarettes, in any form? ☐ Yes ☐ No

What type	Current user	Past user	How much	Date of last use (MM, DD, YY)
	<input type="checkbox"/>	<input type="checkbox"/>		

N. Additional Remarks	
O. Home Office Endorsements	Home Office Corrections or Additions Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, gender, amount, classification, plan or benefits unless agreed to in writing.

Application 1A

Individual Life Insurance

Minnesota Life Insurance Company - A Securian Company
[Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

MINNESOTA LIFE

Section A: Proposed Insured Information

Proposed insured name (last, first, middle)

Social Security number	Income	Net worth	Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary telephone number	Secondary telephone number	Driver's license number	Issue state	Expiration date
Occupation			Years in occupation	
Street address (no P.O. Box)		City	State	Zip code
Email address				

1. Birthplace (state or, if outside the U.S., country) _____

2. Is the Proposed Insured a U.S. citizen? If no, citizen of: _____ ☐ Yes ☐ No

Visa type _____

3. A. Has the proposed insured ever smoked cigarettes? ☐ Yes ☐ No

Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (mm/dd/yy)
--	---	---------------	---------------------------------------

B. Has the proposed insured ever used tobacco, other than cigarettes, in any form? ☐ Yes ☐ No

What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (mm/dd/yy)
-----------	--	---------------------------------------	----------	-----------------------------

Section B: Owner Information - Complete if Owner is not the Proposed Insured. Submit entity owner forms when appropriate.

Owner name (last, first, middle)

Date of birth/trust (mm/dd/yyyy)	Social Security number or tax ID no.	Relationship to proposed insured	Primary telephone number
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Street address (no P.O. Box)		City	State Zip code
Email address			

Section C: Products and Additional Agreements - Only select agreements applicable to the chosen product

Product applied for	Base face amount
UNIVERSAL LIFE ONLY	WHOLE LIFE ONLY
Total annual planned premium	Additional premium (exclude 1035 funds)
Additional premium (exclude 1035 funds)	Dividend Option (select one): <input type="checkbox"/> Accumulations <input type="checkbox"/> Cash <input type="checkbox"/> Paid Up Additional (default if none selected) <input type="checkbox"/> Reduce Premium, Balance to Cash <input type="checkbox"/> Reduce Premium, Balance to Paid Up Additions <input type="checkbox"/> Loan Repay with Balance to Cash <input type="checkbox"/> Loan Repay with Balance to Paid Up Additions
Death benefit option (select one): <input type="checkbox"/> Level <input type="checkbox"/> Increasing <input type="checkbox"/> Sum of Premiums Death Benefit Qualification Test (select one): <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)	

AGREEMENTS APPLIED FOR:

- | | | |
|---|--|---|
| <p><input type="checkbox"/> Accelerated Benefit Agreement
(Submit ABA Outline of Coverage form)</p> <p><input type="checkbox"/> Accidental Death Benefit Agreement
Coverage Amount: _____</p> <p><input type="checkbox"/> Additional Insurance Agreement
Coverage Amount: _____</p> <p><input type="checkbox"/> Business Value Enhancement Agreement
Select one:
 <input type="checkbox"/> Maximum Single Premium
 <input type="checkbox"/> Level Premium with PDA
 (Submit Premium Deposit Account Information form)</p> <p><input type="checkbox"/> Children's Term or Family Term - Child Agreement
(Submit Family/Children's Term Application)
Coverage Amount: _____</p> <p><input type="checkbox"/> Death Benefit Guarantee Agreement</p> <p><input type="checkbox"/> Early Values Agreement</p> <p><input type="checkbox"/> Estate Preservation Agreement
Coverage Amount: _____
Face Amount (Not to exceed 122% of base amount)</p> | <p><input type="checkbox"/> Estate Preservation Choice Agreement
Coverage Amount: _____
Face Amount (Not to exceed 122% of base amount)</p> <p><input type="checkbox"/> Exchange of Insureds Agreement</p> <p><input type="checkbox"/> Extended Conversion Agreement</p> <p><input type="checkbox"/> First To Die Agreement
Coverage Amount: _____</p> <p><input type="checkbox"/> Flexible Term Agreement
 <input type="checkbox"/> 10-year <input type="checkbox"/> 20-year</p> <p><input type="checkbox"/> Guaranteed Income Agreement</p> <p><input type="checkbox"/> Guaranteed Insurability Option Agreement
Coverage Amount: _____</p> <p><input type="checkbox"/> Guaranteed Insurability Option Agreement with Waiver
Coverage Amount: _____</p> <p><input type="checkbox"/> Income Protection Agreement
 _____% Lump Sum
 _____% Installments (minimum 25%)
 _____% Installment Payment Cease Age (age 95 or less)</p> | <p><input type="checkbox"/> Inflation Agreement</p> <p><input type="checkbox"/> Long-Term Care Agreement
(Submit LTC Supplemental Application)</p> <p><input type="checkbox"/> Overloan Protection Agreement</p> <p><input type="checkbox"/> Premium Deposit Account Agreement (Submit Premium Deposit Account Information form)</p> <p><input type="checkbox"/> Single Life Term Agreement
Coverage Amount: _____</p> <p><input type="checkbox"/> Single Premium Paid Up Additional Insurance Agreement
Premium Amount: _____</p> <p><input type="checkbox"/> Surrender Value Enhancement Agreement</p> <p><input type="checkbox"/> Term Insurance Agreement
Coverage Amount: _____</p> <p><input type="checkbox"/> Waiver of Charges Agreement</p> <p><input type="checkbox"/> Waiver of Premium Agreement</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____]</p> |
|---|--|---|
- Frequency of Installment Payment(s) ☐ Monthly ☐ Annually

THE FOLLOWING BENEFITS AND AGREEMENTS *WILL BE ADDED* IF AVAILABLE FOR YOUR POLICY, UNLESS YOU CHOOSE TO OMIT THEM:

- ☐ Omit Automatic Premium Loan Provision ☐ Omit Policy Split Agreement

Section D: Premium and Billing Information

Payment method:

- ☐ New Monthly Electronic Funds Transfer
- ☐ Quarterly ☐ Semi-Annual ☐ Annual
- ☐ Other (credit card payments not accepted) _____

Source of Funds:

- | | |
|---|--|
| <input type="checkbox"/> Earnings | <input type="checkbox"/> Sale of Investments |
| <input type="checkbox"/> Existing Insurance | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Gift/Inheritance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Retirement Funds | |

Premium notice should be sent to:

- ☐ Proposed insured address in Section A
- ☐ Owner address in Section B
- ☐ Other (complete payer information)

- ☐ Overdue premium or pending lapse notice should also be sent to a third party addressee (complete third party addressee information)

Payer or third party addressee name	Address	City	State	Zip code

Section E: Beneficiary Information - If beneficiary is a trust, complete trust name & date trust established

	Beneficiary First and Last Name	Relationship to Proposed Insured	SSN/TIN (If known)	Percentage
Primary				
Contingent				

Section F: Life Insurance In Force and Replacement

Excluding this policy, does the Proposed Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned to, or is in the process of being sold or assigned to, a life settlement, viatical or secondary market provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the <i>In Force Coverage and Replacement Chart</i> .	<i>In Force Coverage and Replacement Chart</i>				
	Full Company Name & Policy Number	Face Amount	Year Issued	Type	Replacing?
Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit state replacement forms. (NOTE: State replacement forms are not required when replacing group coverage, except in FL, MI, and WA.) 1035 Exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, also submit the 1035 Exchange Agreement form.				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section G: Specific Policy Date Request

Are there any other Minnesota Life applications associated with this application?

☐ Yes ☐ No

If yes, provide proposed insured(s) full name(s) and whether the policies should have the same issue date

☐ Date to save age ☐ Specific date (mm/dd/yyyy): _____ (cannot select 29th, 30th, or 31st of month)

Section H: STOLI and Premium Financing

1. Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued? ☐ Yes ☐ No
2. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or beneficial interest in a trust, LLC, or other entity created on the Owner's behalf? If yes, provide details and a copy of the applicable entity's controlling documents: ☐ Yes ☐ No
- _____
- _____
3. Is this policy being funded via a premium financing loan or with funds borrowed, advanced, or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms ☐ Yes ☐ No
4. Have you had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained. ☐ Yes ☐ No
- _____
- _____

Section I: Suitability

1. Is this policy in accordance with your insurance objectives and your anticipated financial needs? ☐ Yes ☐ No
2. Has the representative discussed whether this policy is suitable for you? ☐ Yes ☐ No
3. Reason for purchasing policy:
- a. Accumulation ☐ Yes ☐ No
 - b. Business Planning/Key Person ☐ Yes ☐ No
 - c. Charitable Giving ☐ Yes ☐ No
 - d. Death Benefit Protection ☐ Yes ☐ No
 - e. Estate Planning ☐ Yes ☐ No
 - f. Retirement/Deferred Compensation ☐ Yes ☐ No
 - g. Other _____ ☐ Yes ☐ No

Section J: Request for Illustration - *Not required for variable or term products*

Please choose one of the following:

- ☐ An Illustration was signed and matches the policy applied for. A copy is included with this application and a copy has been left with the applicant.
- ☐ An illustration was shown or provided, but is different from the policy applied for. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- ☐ No illustration conforming to the policy as applied for was shown or provided prior to or at the time of this application. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Section K: Money Submitted

Has the owner paid money with this application 1A to the representative?

☐ Yes ☐ No

If yes, amount
\$

Was a life receipt and temporary insurance agreement given?

☐ Yes ☐ No

Section L: Authorization, Agreements, and Signatures

AGREEMENTS: I have read, or had read to me the statements and answers recorded on this Application 1A. They are given to obtain this insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I understand that any false statement or misrepresentation on this Application 1A and the Application 1B may result in loss of coverage under this policy subject to the incontestability provision. I agree that they will become part of this Application 1A and the Application 1B and any policy issued on it. The insurance applied for will not take effect unless the policy is issued and delivered and the full first premium is paid while the health of the Proposed Insured remains as stated in the application. **If such conditions are met, the insurance will take effect as of the earlier of the Policy Date specified in the policy or the date the policy is delivered to me; the only exception to this is provided in the Life Receipt and Temporary Insurance Agreement, issued if the premium is paid in advance.**

VARIABLE LIFE: I understand that the amount or the duration of the death benefit (or both) of the policy applied for may increase or decrease depending on the investment results of the sub-accounts of the separate account. I understand that the actual cash value of the policy applied for is not guaranteed and increases and decreases depending on the investment results. There is no minimum actual cash value for the policy values invested in these sub-accounts.

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic or other health care provider, pharmacy, pharmacy benefits manager, insurance or reinsuring company, consumer reporting agency, the Medical Information Bureau, Inc. (MIB), or employer which has any records or knowledge of my physical or mental health, and/or the physical or mental health of each minor child listed as the Proposed Insured, to give all such information and any other non-medical information relating to such persons to Minnesota Life Insurance Company or its reinsurers. This shall include ALL INFORMATION as to any medical history, consultations, diagnoses, prognoses, prescriptions or treatments and tests, including information regarding alcohol or drug abuse and AIDS or AIDS-related conditions. To facilitate rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by Minnesota Life Insurance Company to collect and transmit such information.

I understand this information is to be used for the purpose of determining eligibility for insurance and may be used for determining eligibility for benefits. I understand this information may be made available to Underwriting, Claims, support staff, licensed representatives and firms of Minnesota Life. I authorize Minnesota Life Insurance Company or its reinsurers to release any such information to reinsuring companies, the MIB, or other persons or organizations performing business or legal services in connection with my Application 1A and Application 1B, claim or as may be otherwise lawfully required or as I may further authorize. I authorize Minnesota Life Insurance Company, or its reinsurers, to make a brief report of my personal, or if applicable, my protected health information to MIB.

I agree this Authorization shall be valid for twenty-four months from the date it is signed. I may revoke this Authorization at any time by sending a written request addressed to the Individual Underwriting Department, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101-2098. I understand that a revocation is not effective to the extent that any action has been taken in reliance on this Authorization or to the extent that Minnesota Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself.

I understand that I, or my legal representative, have the right to request and receive a copy of this Authorization and that a photocopy of this Authorization shall be as valid as the original. I understand that no sales representative has the company's authorization, to accept risk, pass on insurability, or make, or void, waive or change any conditions or provisions of the application, policy or receipt, as applicable.

I acknowledge that I have been given the Your Privacy Is Important To Us notice.

I understand that a copy of this entire application, including Part 1B, will be attached to the policy and delivered to the policyowner.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Proposed insured signature X	City	State	Date
Parent/conservator/guardian signature (juvenile applications) X	City	State	Date
Owner signature (required if other than proposed insured; give title if signed on behalf of a business) X	City	State	Date

Is replacement of existing life insurance, annuity or mutual fund involved in this application? ☐ Yes ☐ No

I believe that the information provided by this Applicant is true and accurate. I certify I have accurately recorded all information given by the Proposed Insured(s).

Licensed representative signature X	Date	Business telephone number	Firm/rep code
---	------	---------------------------	---------------

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Please see the attached certification of compliance.		
Attachment(s):			
Certification of Compliance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The attached exhibit application is made up of three parts. Part one is new and is attached under the Forms Schedule tab for review. Parts two and three were approved as form numbers F59573 Rev 1-2012 and F59536 Rev 1-2012, respectively on February 21, 2012 under SERFF Tracking Number MNNL-128074946.		
Attachment(s):			
Exhibit Application.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Account Allocation Form		
Comments:	This is an exhibit of the administrative form used to select account allocations for new issues, policy changes and account allocation changes		
Attachment(s):			
Account Allocation Options.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Accelerated Benefit Disclosure		
Comments:	Exhibit of Disclosure form sent to owner when acceleration of death benefit is requested. Also attached is the Outline of Coverage for the Accelerated Death Benefit Agreement		
Attachment(s):			
F.60944A Rev 8-2012 Claim Req Discl-Projection.pdf			
F60944 Rev 8-2012 no sec.pdf			

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

		Item Status:	Status Date:
Satisfied - Item:	Application Revisions Redlined		
Comments:	A copy of each redlined revised application is attached.		
Attachment(s):			
Redlined F59410 Rev 8-2012 no sec.pdf			
Redlined F59537 Rev 8-2012 no sec.pdf			
Redlined F59538 Rev 8-2012 no sec.pdf			
Redlined F65324 Rev 8-2012 no sec.pdf			
Redlined F72540 9-2012 no sec.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability		
Comments:	Attached are the Statements of Variability for the policy data pages and for the applications.		
Attachment(s):			
Statement of Variability Data Pages.pdf			
Statement of Variability Life Applications.pdf			



CERTIFICATION OF COMPLIANCE

Minnesota Life Insurance Company certifies that it is in compliance with the following Arkansas Rules and Regulations and statutes:

Rule and Regulation 19 Unfair Sex Discrimination
Rule and Regulation 34 Universal Life Insurance
Rule and Regulation 49 Guaranty Association Notice
Arkansas Statute 23-80-206 Flesch certification
Arkansas Statute 23-79-138 Contact Notice
External-Indexed Contract Guidelines

1. Minnesota Life certifies compliance with Regulation 49. A Life and Health Guaranty Notice is given to each policy owner.
2. Minnesota Life certifies compliance with Regulation 19s 10B. This submission meets the provisions of Regulation 19s 10B as well as all application requirements of the Department.
3. Minnesota Life certifies compliance with regulation 34.
4. Minnesota Life certifies compliance with Bulletin 11-83 and the maximum cost of insurance rates. See the attached documents. The first is the Appendix A associated with Bulletin 11-83; and the second is Appendix B, an addendum to Appendix A providing the method of calculation as required by Appendix A.
5. Minnesota Life certifies that the contract summary disclosure has been reviewed and is in no way deceptive, confusing or misleading and is in compliance with the External-Indexed Contract Guidelines. Minnesota Life certifies that no advertising will be used which has not been reviewed and approved by Minnesota Life. Minnesota Life certifies that all persons soliciting an external-indexed contract are qualified, suitably licensed and trained.
6. Minnesota Life certifies that external-indexed contracts will be addressed separately in the annual (Section 8) actuarial opinion and memorandum, addressing each year the amount and type of assets held and the level of reserves and how developed. Minnesota Life certifies that the company will establish and maintain a detailed file defining the system for hedging. Regular analysis of the effectiveness of the system will be made a part of the file. Minnesota Life certifies that the External-Indexed Contract Guidelines have been reviewed and the company is in compliance with these Guidelines.

Name: Matthew Harrington

Title: Assistant Secretary Products

Date: August 29, 2012

Application Part 1

Individual Life Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
[Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

A. Proposed Insured Information

Proposed insured name (last, first, middle)			
Social Security number		Date of birth (month, day, year)	
		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Driver's license number		Issue state	Expiration date
Primary telephone number		Secondary telephone number	
Birthplace (state or, if outside the US, country)		E-mail address	
Street address (no P.O. Box)			
City		State	Zip code
Occupation		Years in occupation	Income
			Net worth

B. Product

Product applied for		Base face amount \$	
Total annual planned premium (excluding NRP)		Plan of insurance (if applicable)	
Death benefit qualification test (if applicable, defaults to GPT if none selected) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)			
Death benefit option (if applicable, defaults to cash/level if none selected) <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums			
Dividend option (if applicable, defaults to policy improvement for AL Legend and paid-up additions for Secure Whole Life)			

C. Additional Benefits and Agreements

Select only those agreements available on the product(s) applied for.

<input type="checkbox"/> [Accelerated Benefit Agreement (Submit ABA Outline of Coverage form)	<input type="checkbox"/> Flexible Term Agreement <input type="checkbox"/> 10-year <input type="checkbox"/> 20-year
<input type="checkbox"/> Accidental Death Benefit Agreement \$ (Coverage Amount)	<input type="checkbox"/> Guaranteed Income Agreement
<input type="checkbox"/> Additional Insurance Agreement \$ (Coverage Amount)	<input type="checkbox"/> Guaranteed Insurability Option Agreement \$ (Coverage Amount)
<input type="checkbox"/> Business Continuation Agreement	<input type="checkbox"/> Guaranteed Insurability Option Agreement with Waiver \$ (Coverage Amount)
<input type="checkbox"/> Business Value Enhancement Agreement	<input type="checkbox"/> Income Protection Agreement % Lump Sum % Installments (minimum 25%)
Select one:	<input type="checkbox"/> Inflation Agreement
<input type="checkbox"/> Maximum Single Premium	<input type="checkbox"/> Long-Term Care Agreement (Submit LTC Supplemental Application)
<input type="checkbox"/> Level Premium with PDA (Submit Premium Deposit Account Information form)	<input type="checkbox"/> Overloan Protection Agreement
<input type="checkbox"/> Children's Term or Family Term - Child Agreement (Submit Family/Children's Term Application) \$ (Coverage Amount)	<input type="checkbox"/> Premium Deposit Account Agreement (Submit Premium Deposit Account Information form)
<input type="checkbox"/> Death Benefit Guarantee Agreement	<input type="checkbox"/> Single Life Term Agreement \$ (Coverage Amount)
<input type="checkbox"/> Early Values Agreement	<input type="checkbox"/> Single Premium Paid-Up Additional Insurance Agreement \$ (Premium Amount)
<input type="checkbox"/> Enhanced Guaranteed Agreement	<input type="checkbox"/> Surrender Value Enhancement Agreement
<input type="checkbox"/> Enhanced Guaranteed Choice Agreement	<input type="checkbox"/> Term Insurance Agreement \$ (Coverage Amount)
<input type="checkbox"/> Estate Preservation Agreement \$ (Coverage Amount) Face Amount (Not to exceed 122% of base amount)	<input type="checkbox"/> Waiver of Charges Agreement
<input type="checkbox"/> Estate Preservation Choice Agreement \$ (Coverage Amount) Face Amount (Not to exceed 122% of base amount)	<input type="checkbox"/> Waiver of Premium Agreement
<input type="checkbox"/> Exchange of Insureds Agreement	<input type="checkbox"/> Other
<input type="checkbox"/> Extended Conversion Agreement	
<input type="checkbox"/> Extended Maturity Agreement	
<input type="checkbox"/> Face Amount Increase Agreement	
<input type="checkbox"/> First to Die Agreement \$ (Coverage Amount)	
	<input type="checkbox"/> Other]

	<p>THE FOLLOWING BENEFITS AND AGREEMENTS <i>WILL BE ADDED</i> IF AVAILABLE FOR YOUR POLICY, UNLESS YOU CHOOSE TO OMIT THEM:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Omit Automatic Premium Loan Provision <input type="checkbox"/> Omit Inflation Agreement (AL Summit, VAL Summit and VAL Horizon only) </div> <div> <input type="checkbox"/> Omit Cost of Living Agreement <input type="checkbox"/> Omit Policy Split Agreement </div> </div>																																																			
D. Special Dating	<input type="checkbox"/> Date to save age <input type="checkbox"/> Specific date (month/day/year): _____ (cannot select 29th, 30th, or 31st of the month) Are there any other Minnesota Life applications associated with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Proposed Insured(s) full name(s) and whether the policies should have the same issue date.																																																			
E. Life Insurance In Force and Replacement <i>Submit appropriate replacement forms (not needed if replacing group coverage).</i>	<div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>Excluding this policy, does the Proposed Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned, or is in the process of being sold or assigned, to a life settlement, viatical or secondary market provider? If yes, provide details in the chart below.</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details in the chart below.</p> <p>Life Insurance In Force</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Full Company Name</th><th style="width: 15%;">Amount</th><th style="width: 10%;">Year Issued</th><th style="width: 25%;">Type</th><th style="width: 20%;">Will it be Replaced?</th></tr> </thead> <tbody> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group </td><td rowspan="2"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td> <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td></tr> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group </td><td rowspan="2"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td> <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td></tr> <tr> <td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group </td><td rowspan="2"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td> <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td></tr> </tbody> </table>					Full Company Name	Amount	Year Issued	Type	Will it be Replaced?				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business																								
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			<input type="checkbox"/> Personal or <input type="checkbox"/> Business																																																	
F. Beneficiary Information <i>If the beneficiary is a trust, give complete trust name and date trust established.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 40%;">Beneficiary First and Last Name</th><th style="width: 20%;">Relationship to Proposed Insured</th><th style="width: 15%;">SSN/TIN (If known)</th><th style="width: 20%;">Percentage</th></tr> </thead> <tbody> <tr> <td rowspan="5">Primary</td> <td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr> <td rowspan="5">Contingent</td> <td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Beneficiary First and Last Name	Relationship to Proposed Insured	SSN/TIN (If known)	Percentage	Primary																					Contingent																				
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Contingent																																																				

G. Owner Information

Submit the appropriate trust, corporate, or non-corporate form(s).

Only complete this section if the Owner is different than the Insured.

Owner name (last, first, middle)

- ☐ Individual
- ☐ Trust (submit Certification of Trustee Authority form)
- ☐ Corporate (submit Corporate/Non-Profit Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
- ☐ Partnership (submit Partnership/LLC Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
- ☐ Other _____

Social Security or tax ID number

Date of birth or trust date

Street address (no P.O. box)

City

State

Zip code

Relationship to proposed insured

Telephone number

E-mail address

H. Premium and Billing Information

Premium Notice Should Be Sent To:

- ☐ Proposed Insured Address in Section A
- ☐ Owner Address in Section G
- ☐ Owner's Business/Employer Address (Indicate below)
- ☐ Other (Indicate below)

Name

Address

City

State

Zip code

Payment Method:

- ☐ Annual
- ☐ Quarterly
- ☐ Semi-Annual
- ☐ Monthly Electronic Funds Transfer (EFT) Plan Number _____
(If new plan, submit EFT Authorization)
- ☐ Payroll Deduction Plan (PRD) Plan Number _____
- ☐ List Bill Plan Number _____ (if new plan, submit List Bill Setup form)

Source of Funds:

- ☐ Earnings
- ☐ Sale of Investments
- ☐ Existing Insurance
- ☐ Savings
- ☐ Gift/Inheritance
- ☐ Other _____
- ☐ Retirement Funds

Third Party Notification (optional):

If you wish, you may give us the name and address of a person whom you designate to also receive notice of an overdue premium or pending lapse. (Indicate below)

Name

Address

City

State

Zip code

I. Additional Premium	<div style="text-align: right; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> 1035 Exchange (If yes, submit 1035 Exchange Agreement form)
	Non-Repeating Premium (NRP) Regular NRP \$ _____
	Billable Non-Repeating Premium (Billable NRP) (If base premium is paid through a list bill, the NRP must also be billed through the same list bill.) Total Annual Billable NRP \$ _____ (Minimum annual \$600 NRP required. Minimum annual \$2,400 base premium required.) Include Billable NRP at issue, with first premium payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Payment Method <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly </div> <div> <input type="checkbox"/> Monthly Electronic Funds Transfer (EFT) Plan Number _____ (If new plan, submit EFT/APP Authorization) <input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number _____ </div> </div>
	Universal Life and Whole Life Additional Premium (excluding 1035) \$ _____
J. Money Submitted with Application <i>Make all checks payable to Minnesota Life.</i>	Has the Owner paid money with this application to the representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____ Was a Life Receipt and Temporary Insurance Agreement given? <input type="checkbox"/> Yes <input type="checkbox"/> No
K. Special Mailing Address	If mail (other than the premium notice) should be sent somewhere other than the Owner's Home Address, please indicate here. <input type="checkbox"/> Owner's Business Address <input type="checkbox"/> Other - Indicate Name and Address Name (last, first, middle) _____ Address _____ <div style="display: flex; justify-content: space-between;"> <div>City _____</div> <div>State _____</div> <div>Zip code _____</div> </div>
L. Request for Illustration <i>Complete for non-variable products, excluding term.</i>	Choose one of the following: (For Policy Exchanges, only the first option is available.) <input type="checkbox"/> An illustration matching the policy applied for was presented to the Owner/Applicant and a signed copy is included with this application. The Owner/Applicant has received a copy. <input type="checkbox"/> An illustration was presented or provided to the Owner/Applicant, but is different from the policy applied for. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery. <input type="checkbox"/> No illustration conforming to the policy as applied for was shown or provided to the Owner/Applicant prior to or at the time of taking this application. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery.
M. Proposed Insured Underwriting Information	1. Is the proposed insured a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of _____ Indicate visa type _____ 2. Does the proposed insured plan to travel or reside outside the US in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel: _____ _____ 3. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in piloting a plane? If yes, complete the Military and Aviation Statement. <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>4. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in skin diving (snorkel, scuba, or other), sky diving, mountain/rock climbing, horse racing, rodeo, polo, bull fighting, bungee jumping, BASE jumping, canyoneering, boxing, professional wrestling, extreme skiing, or racing (motor vehicle or boat)? If yes, complete Sports and Avocation Statement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Is the proposed insured in the Armed Forces, National Guard, or Reserves? If yes, complete Military and Aviation Statement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Has the proposed insured applied for insurance within the last six months? If yes, provide details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Has the proposed insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Has the proposed insured, within the past five years, been convicted of a driving while intoxicated violation, had a driver's license restricted or revoked, or been convicted of a moving violation? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Except for traffic violations, has the proposed insured ever been convicted of a misdemeanor or felony? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner's behalf? If yes, provide details and a copy of the applicable entity's controlling documents.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Have you had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Is this policy in accordance with your insurance objectives and your anticipated financial needs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. Has the representative discussed whether this policy is suitable for you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Reason for purchasing policy:</p> <p>a. Accumulation</p> <p>b. Business Planning/Key Person</p> <p>c. Charitable Giving</p> <p>d. Death Benefit Protection</p> <p>e. Estate Planning</p> <p>f. Retirement/Deferred Compensation</p> <p>g. Other _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>17. A. Has the proposed insured ever smoked cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td data-bbox="464 149 654 212">Current smoker <input type="checkbox"/></td> <td data-bbox="654 149 821 212">Past smoker <input type="checkbox"/></td> <td data-bbox="821 149 987 212">Packs per day</td> <td colspan="2" data-bbox="987 149 1523 212">Date last cigarette smoked (MM, DD, YY)</td> </tr> </table> <p>B. Has the proposed insured ever used tobacco, other than cigarettes, in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td data-bbox="464 258 654 321">What type</td> <td data-bbox="654 258 821 321">Current user <input type="checkbox"/></td> <td data-bbox="821 258 987 321">Past user <input type="checkbox"/></td> <td data-bbox="987 258 1151 321">How much</td> <td data-bbox="1151 258 1523 321">Date of last use (MM, DD, YY)</td> </tr> </table>	Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)		What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)
Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)								
What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)							
N. Additional Remarks											
O. Home Office Endorsements	<p>Home Office Corrections or Additions</p> <p>Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, gender, amount, classification, plan or benefits unless agreed to in writing.</p>										

Application Part 2

Individual Life Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Proposed insured name (last, first, middle)					Date of birth	
Height and weight			Change in past year		Cause of weight gain or loss	
FT.	IN.	LBS.	LBS. <input type="checkbox"/> GAIN <input type="checkbox"/> LOSS			

	Yes	No
--	-----	----

1. **A. Have you ever smoked cigarettes?** ☐ ☐

Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)
--	---	---------------	---
- B. Have you ever used tobacco, other than cigarettes, in any form?** ☐ ☐

What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)
-----------	--	---------------------------------------	----------	-------------------------------
- 2. Are you taking or do you take any prescription or non-prescription medications or drugs?** ☐ ☐
- 3. Have you ever had or been treated, diagnosed or given medical advice by a member of the medical profession for:**

A. Epilepsy; Alzheimer's; Huntington's; Parkinson's; Mild Cognitive Impairment (MCI); dementia; paralysis; sleep disorder; depression; stress disorders; anxiety disorder; or any other brain, nervous, mental or emotional disorder?	<input type="checkbox"/>	<input type="checkbox"/>
B. High blood pressure; chest pain; chest discomfort or tightness; heart attack; heart murmur; stroke; irregular heart beat; or any other disease or disorder of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
C. Asthma; shortness of breath; bronchitis; pneumonia; emphysema; chronic cough; or any other lung or respiratory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
D. Abdominal pain; ulcer; colitis; cirrhosis; hepatitis; recurrent diarrhea; intestinal bleeding; or any other disease of the liver, gallbladder, pancreas, stomach, or intestines?	<input type="checkbox"/>	<input type="checkbox"/>
E. Kidney stone; protein, sugar, blood or blood cells in the urine; or any disorder of the urinary tract, bladder or kidneys?	<input type="checkbox"/>	<input type="checkbox"/>
F. Disorder or abnormality of the prostate, uterus, ovaries, or breasts; pregnancy complication; testicular disease; genital herpes, syphilis, gonorrhea, or other sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
G. Diabetes; thyroid disorder; lymph node enlargement; skin disorder; or disorder of any other glands?	<input type="checkbox"/>	<input type="checkbox"/>
H. Cancer; tumor; or cyst?	<input type="checkbox"/>	<input type="checkbox"/>
I. Anemia, leukemia, or other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
J. Back or neck pain; spinal strain or sprain; sciatica; arthritis; gout; carpal tunnel syndrome; or any bone, joint, or muscle disorder?	<input type="checkbox"/>	<input type="checkbox"/>
K. Disorder of the eyes, ears, nose or throat?	<input type="checkbox"/>	<input type="checkbox"/>
L. Any physical deformity or defect?	<input type="checkbox"/>	<input type="checkbox"/>
M. Any immune system diseases or disorders except those related to the Human Immunodeficiency Syndrome (HIV virus)?	<input type="checkbox"/>	<input type="checkbox"/>
N. Any chronic or recurrent fever, fatigue or viral illness?	<input type="checkbox"/>	<input type="checkbox"/>
- 4. Have you ever been diagnosed by a member of the medical profession or tested positive for the Human Immunodeficiency Virus (HIV virus) or Acquired Immune Deficiency Syndrome (AIDS)?** ☐ ☐
- 5. Do you consume alcoholic beverages? If yes, what kinds, how much and how often?** ☐ ☐
- 6. Have you ever been advised to limit the use of alcohol or drugs; sought or received treatment, advice, or counseling for alcohol or drugs; or joined a group because of alcohol or drug use?** ☐ ☐
- 7. Have you ever tried or used cocaine, heroin, marijuana, barbiturates or other controlled substances except as prescribed by a physician?** ☐ ☐

Application Part 3

Agreements and Authorizations

Individual Life Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Proposed insured name (last, first, middle)

AGREEMENTS: I have read, or had read to me the statements and answers recorded on my application. They are given to obtain this insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I understand that any false statement or misrepresentation on this application may result in loss of coverage under this policy subject to the incontestability provision. I agree that they will become part of this application and any policy issued on it. The insurance applied for will not take effect unless the policy is issued and delivered and the full first premium is paid while the health of the Proposed Insured remains as stated in this application. **If such conditions are met, the insurance will take effect as of the earlier of the Policy Date specified in the policy or the date the policy is delivered to me; the only exception to this is provided in the Life Receipt and Temporary Insurance Agreement, issued if the premium is paid in advance.**

VARIABLE LIFE: I understand that the amount or the duration of the death benefit (or both) of the policy applied for may increase or decrease depending on the investment results of the sub-accounts of the separate account. I understand that the actual cash value of the policy applied for is not guaranteed and increases and decreases depending on the investment results. There is no minimum actual cash value for the policy values invested in these sub-accounts.

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic or other health care provider, pharmacy, pharmacy benefits manager, insurance or reinsuring company, consumer reporting agency, the Medical Information Bureau, Inc. (MIB), or employer which has any records or knowledge of my physical or mental health, and/or the physical or mental health of each minor child listed as the Proposed Insured, to give all such information and any other non-medical information relating to such persons to Minnesota Life Insurance Company or its reinsurers. This shall include ALL INFORMATION as to any medical history, consultations, diagnoses, prognoses, prescriptions or treatments and tests, including information regarding alcohol or drug abuse and AIDS or AIDS-related conditions. To facilitate rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by Minnesota Life Insurance Company to collect and transmit such information.

I understand this information is to be used for the purpose of determining eligibility for insurance and may be used for determining eligibility for benefits. I understand this information may be made available to Underwriting, Claims, support staff, licensed representatives, and firms of Minnesota Life Insurance Company. I authorize Minnesota Life Insurance Company or its reinsurers to release any such information to reinsuring companies, the MIB, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

I agree this authorization shall be valid for twenty-four months from the date it is signed. I may revoke this authorization at any time by sending a written request addressed to the Individual Underwriting Department, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101-2098. I understand that a revocation is not effective to the extent that any action has been taken in reliance on this Authorization or to the extent that Minnesota Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself.

I understand that I, or my legal representative, have the right to request and receive a copy of this authorization and that a photocopy of this authorization shall be as valid as the original. I understand that no sales representative has the company's authorization, to accept risk, pass on insurability or make, or void, waive or change any conditions or provisions of the application, policy or receipt, as applicable.

I acknowledge that I have been given the Your Privacy Is Important To Us notice.

I understand that a copy of this entire application, including Part 2, will be attached to the policy and delivered to the policyowner.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Proposed insured signature X	Date	City	State
Owner signature (if other than proposed insured) (give title if signed on behalf of a business) X	Date	City	State
Parent/conservator/guardian signature (juvenile applications) X	Date	City	State

Is replacement of existing life insurance, annuity or mutual fund involved in this application? ☐ Yes ☐ No

I believe that the information provided by this applicant is true and accurate. I certify I have accurately recorded all information given by the Proposed Insured(s).

Licensed representative signature X	Date
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Allocation Options for Variable Indexed Universal Life

Minnesota Life Insurance Company - A Securian Company
Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

INSTRUCTIONS

- For **VARIABLE INDEXED UNIVERSAL LIFE PRODUCTS**:
 - For Account Allocations – Section A
 - Net Premium %
 - Select Net Premium %.
 - Monthly Charges
 - Select one of the Monthly Charge Allocations boxes.
 - If the policy date is one month or more prior to the date the initial premium is applied, then monthly charge will be assessed proportionately until the date the premium is applied.
 - Loan Allocations
 - Indicate and submit a Policy Service Request.
 - For Dollar Cost Averaging (DCA) of premium – Section B
 - If you request a Dollar Cost Averaging (DCA) arrangement for premium on your VIUL policy, that net premium will be deposited in the Guaranteed Interest Account.
 - On each transfer date (3rd Friday of the month), approximately 1/12 of the net premium in the Guaranteed Interest Account (designated for DCA) will be transferred out of the Guaranteed Interest Account and into your current account allocations.
 - These transfers will continue monthly on the transfer date for twelve months from the effective date of each payment, unless you request to cancel the arrangement, or until the total value in the Guaranteed Interest Account (designated for DCA) is zero.
 - For Rebalancing – Section C.
 - If completing Section 4, then the cash value of the selected FROM accounts will be allocated in total to the TO accounts according to the percentages or dollar amounts indicated.
 - Rebalancing from a Fixed Indexed Account is not available. However, you may rebalance in to a Fixed Indexed Account.
 - For Transfers – Section D
 - Transfers from fixed indexed accounts will always affect all segments within that fixed indexed account.
 - The value in each segment will be transferred on the segment term date.

Allocation Options for Variable Indexed Universal Life Products

Policy number (for existing policies)	Insured name	Owner name (if different from insured)	Date	Firm/rep code
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VARIABLE INDEXED UNIVERSAL LIFE PRODUCTS

This transaction was initiated by: ☐ Policyowner ☐ Representative

A. Account Allocations

Select Net Premium Allocations. Allocations must be in increments of 1%; minimum is 1%. Allocations must total 100%.

Check one for Monthly Charge Allocations:

- ☐ Request to assess Monthly Charge Allocations other than proportionately (indicate below).
☐ Request the same Monthly Charge Allocations as the Net Premium Selection.
☐ Request to cancel existing Monthly Charge Allocations.

ACCOUNT OPTIONS	NET PREMIUM %	MONTHLY CHARGES %	LOAN %
Guaranteed Interest Account			
Franklin Small Cap Value Securities			
Ibbotson Aggressive Growth ETF Asset Allocation Portfolio			
Ibbotson Balanced ETF Asset Allocation Portfolio			
Ibbotson Conservative ETF Asset Allocation Portfolio			
Ibbotson Growth ETF Asset Allocation Portfolio			
Ibbotson Income & Growth ETF Asset Allocation Portfolio			
Ivy Funds VIP Asset Strategy			
SFT Advantus Bond Fund			
SFT Advantus Index 400 Mid-Cap Fund			
SFT Advantus Index 500 Fund			
SFT Advantus Real Estate Securities Fund			
Vanguard® VIF International			
Vanguard® VIF Small Company Growth			

INDEX ALLOCATION OPTIONS			
Fixed Index Account A			
Index A: S&P 500® ¹ 100% Participation			
Index B: S&P 500® ¹ 140% Participation			

B. Dollar Cost Averaging (DCA) of premium (check all that apply)

- ☐ Dollar Cost Average initial premium. (Internal and external 1035 premium will also be Dollar Cost Averaged)
☐ Dollar Cost Average one-time premium of \$_____ (payment enclosed).
☐ Dollar Cost Average all future premiums. (Not allowed for monthly premium payment).
☐ Cancel my Dollar Cost Averaging Arrangement. (All future DCA transfers will be cancelled. Any value remaining in the Guaranteed Interest Account designated for DCA will remain in the Guaranteed Interest Account unless you request a transfer or rebalance).

INDEXED DISCLOSURES

(1)S&P 500®, Standard & Poor's 500® index, Standard & Poor's®, "S&P®", "S&P 500®", "Standard & Poor's 500®", and "500" are trademarks of Standard & Poor's and have been licensed for use by Minnesota Life Insurance Company ("Minnesota Life"). The policy is not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard & Poor's makes no representation regarding the advisability of investing in the Product.

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Allocation Options for Variable Indexed Universal Life Products

Policy number (for existing policies)	Insured name	Owner name (if different from insured)	Date	Firm/rep code
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VARIABLE INDEXED UNIVERSAL LIFE PRODUCTS

This transaction was initiated by: ☐ Policyowner ☐ Representative

To elect a combination of Rebalance, One-Time Transfer and Systematic transfer, complete a separate page for each.

C. REBALANCE

For my VIUL policy, I elect to (check all that apply)

(Accumulation value in the Fixed Indexed Accounts cannot be rebalanced).

- ☐ One-Time rebalance of subaccount accumulation value (complete chart below)
- ☐ Start a systematic rebalance (complete chart below, 1, 2, 3)
- ☐ Change allocations of a systematic rebalance (complete chart below)
- ☐ Change the frequency of a systematic rebalance (complete 1, 3)
- ☐ Change the systematic rebalance date (complete 1, 2)
- ☐ Cancel the systematic rebalance (complete 1)
- ☐ Rebalance 100% of existing accumulation value to **new** premium allocation (complete Section A)

FROM

TO

ALL Accumulation Value from subaccounts and guaranteed interest account.	Account:	%
	Account:	%
	Account:	%
	Account:	%
	Account:	%
	Account:	%
	Account:	%
	Account:	%

D. TRANSFER

For my VIUL policy, I elect to (check all that apply)

(Systematic Transfers not allowed from Fixed Indexed Accounts).

- ☐ One-Time transfer of accumulation value. (complete 4)
- ☐ Start a Systematic Transfer (complete 1, 2, 3, 4)
- ☐ Change allocations of a Systematic Transfer (complete 1, 4)
- ☐ Change frequency of a Systematic Transfer (complete 1, 3)
- ☐ Change the Systematic Transfer date (complete 1, 2)
- ☐ Cancel the Systematic Transfer (complete 1)

Complete the appropriate sections below for the requested transaction above

1. Start/Change/End for VIUL products (end for Systematic Transfer only)

- ☐ Begin on _____ Month _____ Year
- ☐ Change on _____ Month _____ Year
- ☐ End Systematic Transfer on _____ Month _____ Year

2. Day for VIUL products

_____ (options 1-28)

3. Frequency for VIUL products

- ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

4. Allocations

- Transfer or Systematic Transfer amounts indicated must all be in % or all in \$.
- Percentages must be in increments of 1%; minimum is 1%.
- Dollar amounts must be in whole dollars.
- If selecting to move 'FROM' any Indexed Allocation Options, the 'TO' column must be designated in whole percentages.
- The 'FROM' columns total must match the 'TO' columns total.
- **The 'TO' column must total 100%.**

FROM

ACCOUNT OPTIONS		
Guaranteed Interest Account	\$	%
Franklin Small Cap Value Securities	\$	%
Ibbotson Aggressive Growth ETF Asset Allocation Portfolio	\$	%
Ibbotson Balanced ETF Asset Allocation Portfolio	\$	%
Ibbotson Conservative ETF Asset Allocation Portfolio	\$	%
Ibbotson Growth ETF Asset Allocation Portfolio	\$	%
Ibbotson Income & Growth ETF Asset Allocation Portfolio	\$	%
Ivy Funds VIP Asset Strategy	\$	%
SFT Advantus Bond Fund	\$	%
SFT Advantus Index 400 Mid-Cap Fund	\$	%
SFT Advantus Index 500 Fund	\$	%
SFT Advantus Real Estate Securities Fund	\$	%
Vanguard® VIF International	\$	%
Vanguard® VIF Small Company Growth	\$	%

INDEX ALLOCATION OPTIONS	N/A	%
Fixed Index Account A	N/A	%
Index A: S&P 500® ¹ 100% Participation	N/A	%
Index B: S&P 500® ¹ 140% Participation	N/A	%

TO

ACCOUNT OPTIONS		
Guaranteed Interest Account	\$	%
Franklin Small Cap Value Securities	\$	%
Ibbotson Aggressive Growth ETF Asset Allocation Portfolio	\$	%
Ibbotson Balanced ETF Asset Allocation Portfolio	\$	%
Ibbotson Conservative ETF Asset Allocation Portfolio	\$	%
Ibbotson Growth ETF Asset Allocation Portfolio	\$	%
Ibbotson Income & Growth ETF Asset Allocation Portfolio	\$	%
Ivy Funds VIP Asset Strategy	\$	%
SFT Advantus Bond Fund	\$	%
SFT Advantus Index 400 Mid-Cap Fund	\$	%
SFT Advantus Index 500 Fund	\$	%
SFT Advantus Real Estate Securities Fund	\$	%
Vanguard® VIF International	\$	%
Vanguard® VIF Small Company Growth	\$	%

INDEX ALLOCATION OPTIONS	N/A	%
Fixed Index Account A	N/A	%
Index A: S&P 500® ¹ 100% Participation	N/A	%
Index B: S&P 500® ¹ 140% Participation	N/A	%
		Total 100%

Date

John A. Doe
123 Quiet St
Capitol City, MN 55111

**ACCELERATED BENEFIT AGREEMENT
DISCLOSURE STATEMENT**

Anniversary: February 1
Policy Number: 1-000-0010
Insured: John A. Doe

This acknowledges your request for payment under the Accelerated Benefit Agreement, [Form #] in your policy.

Requested Payment: [\$] Payment Method: [Single Sum]

This Disclosure Statement highlights important conditions of the benefit agreement and the effect the payment will have on your policy.

- The payment will be a loan against the Death Benefit. This loan and interest will be due and payable at the insured's death, and they will reduce death proceeds the beneficiary will receive at that time.
- [The Irrevocable Beneficiary must agree, in writing, to this payout.]

Current Policy Values

Death Benefit	[\$]
Total Premium	[\$]
Paid to	[date]

Future Death Benefit Available after this Request

Net Death Benefit	[\$]
Existing Policy Loan	[\$]
Accelerated Benefit Loan	[\$]

- Interest is the greater of the "published monthly average" of the Moody's Composite Average of Yields on Bonds, or 8%. Interest is payable in arrears on each policy anniversary.
- Once benefits are received, you must keep the policy in force paying premiums when due, unless you are eligible to have premium waived under the Waiver of Premium Agreement. Otherwise, unpaid premiums will be added to the accelerated benefit loan and deducted from death proceeds.
- Payments are not long term care or nursing home insurance.
- Receipt of accelerated benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements.
- Receipt of payments may be taxable to you. You should consult with your personal tax advisor.

Enclosed with this Disclosure Letter is an agreement between you and Minnesota Life to process the loan for the acceleration. Upon return of the signed Agreement to our office, we will begin processing your request.

If you have any questions, please write us or call toll free 1-800-641-4611.

Sincerely,

Individual Claims Administration

[cc: Irrevocable Beneficiary, Assignee]

F.60944A Rev 8-2012

Outline of Coverage Accelerated Benefit Agreement

Minnesota Life Insurance Company - A Securian Company
Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

This outline describes features of the Accelerated Benefit Agreement which will be issued with your policy. This outline is not a contract, as only the actual Agreement provisions control. It is, therefore, important that, when presented to you for delivery, you Read Your Policy Carefully!

The Accelerated Benefit Agreement provides the option to have part of the policy's death benefit paid to you if the insured has a terminal condition. The payment is a loan against the death benefit, which is repaid when the insured dies. Any balance of the death proceeds will be paid to the beneficiary. The agreement will be included in the policy without premium cost to you. Here are some highlights of the benefit:

1. A terminal condition is one, caused by sickness or accident, which directly results in reducing the insured's life expectancy to 12 months or less. You must supply us with evidence of this fact, certified by a qualified physician. We may also ask for independent verification at our expense.
2. The maximum accelerated benefit is the lesser of 75% of the death benefit or \$1,000,000, or the lesser of that amount which has been further reduced by the amount of any irrevocable settlement option you may have elected. The minimum payment is \$10,000. You can have the payment in one sum, or in another mutually agreeable manner.
3. The interest rate will be set when we process the benefit payment. The rate will not exceed the greater of the published Moody's Composite Average of Yields on Bonds, or the policy loan interest rate. Interest on the portion of the unpaid benefit balance, equal to the policy loan value, will not exceed the policy loan interest rate. Unpaid interest will be added to the balance of the accelerated benefit.

If your policy is a term policy, the interest rate will not exceed the greater of the published Moody's Composite Average of Yields on Bonds, or 8%. Interest on the portion of the unpaid benefit balance, equal to the policy loan value, will not exceed 8%. Unpaid interest will be added to the balance of the accelerated benefit.

4. **The policy is affected by accelerated benefits you receive, as follows:**
 - **Death proceeds are reduced by the amount of accelerated benefits paid plus accrued interest.**
 - **Loan or cash surrender values, if any are associated with this policy, are available only if they exceed the accelerated benefits paid plus accrued interest.**
 - **If your policy is a participating policy, we expect no further dividends will be declared for participating policies after the accelerated benefit has been paid.**
5. **This is not long term care or nursing home insurance. And, you may not be eligible for this benefit if:**
 - **creditors, in bankruptcy or otherwise, require this option to meet claims; or**
 - **a government agency requires this option to apply for, obtain, or keep entitlement benefits.**
6. **The receipt of any accelerated benefit payment may be taxable to you. You should seek assistance from your personal tax advisor.**

Please date and sign as indicated and keep a copy. Send the original copy to Minnesota Life with the insurance application.

I have read this Outline of Coverage on _____ (Date).

Registered representative signature (witness)

X

Applicant signature (owner)

X

Application Part 1

Individual Life Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
[Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

A. Proposed Insured Information	Proposed insured name (last, first, middle)			
	Social Security number		Date of birth (month, day, year)	
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Driver's license number		Issue state	Expiration date
	Primary telephone number		Secondary telephone number	
	Birthplace (state or, if outside the US, country)		E-mail address	
	Street address (no P.O. Box)			
	City		State	Zip code
Occupation		Years in occupation	Income	Net worth
B. Product	Product applied for		Base face amount \$	
	Total annual planned premium (excluding NRP)		Plan of insurance (if applicable)	
	Death benefit qualification test (if applicable, defaults to GPT if none selected) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)			
	Death benefit option (if applicable, defaults to cash/level if none selected) <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums			
	Dividend option (if applicable, defaults to policy improvement for AL Legend and paid-up additions for Secure Whole Life)			
C. Additional Benefits and Agreements <i>Select only those agreements available on the product(s) applied for.</i>	<input type="checkbox"/> [Accelerated Benefit Agreement (Submit ABA Outline of Coverage form) <input type="checkbox"/> Accidental Death Benefit Agreement \$ (Coverage Amount) <input type="checkbox"/> Additional Insurance Agreement \$ (Coverage Amount) <input type="checkbox"/> Business Continuation Agreement <input type="checkbox"/> Business Value Enhancement Agreement Select one: <input type="checkbox"/> Maximum Single Premium <input type="checkbox"/> Level Premium with PDA (Submit Premium Deposit Account Information form) <input type="checkbox"/> Children's Term or Family Term - Child Agreement (Submit Family/Children's Term Application) \$ (Coverage Amount) <input type="checkbox"/> Death Benefit Guarantee Agreement <input type="checkbox"/> Early Values Agreement <input type="checkbox"/> Enhanced Guaranteed Agreement <input type="checkbox"/> Enhanced Guaranteed Choice Agreement <input type="checkbox"/> Estate Preservation Agreement \$ (Coverage Amount) Face Amount (Not to exceed 122% of base amount) <input type="checkbox"/> Estate Preservation Choice Agreement \$ (Coverage Amount) Face Amount (Not to exceed 122% of base amount) <input type="checkbox"/> Exchange of Insureds Agreement <input type="checkbox"/> Extended Conversion Agreement <input type="checkbox"/> Extended Maturity Agreement <input type="checkbox"/> Face Amount Increase Agreement <input type="checkbox"/> First to Die Agreement \$ (Coverage Amount)			
	<input type="checkbox"/> <u>Flexible Term Agreement</u> <input type="checkbox"/> 10-year <input type="checkbox"/> 20-year <input type="checkbox"/> <u>Guaranteed Income Agreement</u> <input type="checkbox"/> Guaranteed Insurability Option Agreement \$ (Coverage Amount) <input type="checkbox"/> Guaranteed Insurability Option Agreement with Waiver \$ (Coverage Amount) <input type="checkbox"/> <u>Income Protection Agreement</u> <u>% Lump Sum</u> <u>% Installments (minimum 25%)</u> <u>Installment Payment Cease Age (age 95 or less)</u> <u>Frequency of Installment Payment(s)</u> <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Inflation Agreement <input type="checkbox"/> Long-Term Care Agreement (Submit LTC Supplemental Application) <input type="checkbox"/> Overloan Protection Agreement <input type="checkbox"/> Premium Deposit Account Agreement (Submit Premium Deposit Account Information form) <input type="checkbox"/> Single Life Term Agreement \$ (Coverage Amount) <input type="checkbox"/> Single Premium Paid-Up Additional Insurance Agreement \$ (Premium Amount) <input type="checkbox"/> Surrender Value Enhancement Agreement <input type="checkbox"/> Term Insurance Agreement \$ (Coverage Amount) <input type="checkbox"/> Waiver of Charges Agreement <input type="checkbox"/> Waiver of Premium Agreement <input type="checkbox"/> Other <input type="checkbox"/> Other]			

	<p>THE FOLLOWING BENEFITS AND AGREEMENTS <i>WILL BE ADDED</i> IF AVAILABLE FOR YOUR POLICY, UNLESS YOU CHOOSE TO OMIT THEM:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Omit Automatic Premium Loan Provision <input type="checkbox"/> Omit Inflation Agreement (AL Summit, VAL Summit and VAL Horizon only) </div> <div> <input type="checkbox"/> Omit Cost of Living Agreement <input type="checkbox"/> Omit Policy Split Agreement </div> </div>																																																			
D. Special Dating	<input type="checkbox"/> Date to save age <input type="checkbox"/> Specific date (month/day/year): _____ (cannot select 29th, 30th, or 31st of the month) Are there any other Minnesota Life applications associated with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Proposed Insured(s) full name(s) and whether the policies should have the same issue date.																																																			
E. Life Insurance In Force and Replacement <i>Submit appropriate replacement forms (not needed if replacing group coverage).</i>	<div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>Excluding this policy, does the Proposed Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned, or is in the process of being sold or assigned, to a life settlement, viatical or secondary market provider? If yes, provide details in the chart below.</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details in the chart below.</p> <p>Life Insurance In Force</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Full Company Name</th><th style="width: 15%;">Amount</th><th style="width: 10%;">Year Issued</th><th style="width: 25%;">Type</th><th style="width: 20%;">Will it be Replaced?</th></tr> </thead> <tbody> <tr> <td rowspan="3"></td><td rowspan="3"></td><td rowspan="3"></td><td><input type="checkbox"/> Individual or <input type="checkbox"/> Group</td><td rowspan="3"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td><input type="checkbox"/> Personal or <input type="checkbox"/> Business</td></tr> <tr> <td></td></tr> <tr> <td rowspan="3"></td><td rowspan="3"></td><td rowspan="3"></td><td><input type="checkbox"/> Individual or <input type="checkbox"/> Group</td><td rowspan="3"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td><input type="checkbox"/> Personal or <input type="checkbox"/> Business</td></tr> <tr> <td></td></tr> <tr> <td rowspan="3"></td><td rowspan="3"></td><td rowspan="3"></td><td><input type="checkbox"/> Individual or <input type="checkbox"/> Group</td><td rowspan="3"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td><input type="checkbox"/> Personal or <input type="checkbox"/> Business</td></tr> <tr> <td></td></tr> </tbody> </table>					Full Company Name	Amount	Year Issued	Type	Will it be Replaced?				<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business					<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business					<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal or <input type="checkbox"/> Business																						
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			<input type="checkbox"/> Personal or <input type="checkbox"/> Business																																																	
F. Beneficiary Information <i>If the beneficiary is a trust, give complete trust name and date trust established.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 40%;">Beneficiary First and Last Name</th><th style="width: 20%;">Relationship to Proposed Insured</th><th style="width: 15%;">SSN/TIN (If known)</th><th style="width: 20%;">Percentage</th></tr> </thead> <tbody> <tr> <td rowspan="5">Primary</td> <td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr> <td rowspan="5">Contingent</td> <td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Beneficiary First and Last Name	Relationship to Proposed Insured	SSN/TIN (If known)	Percentage	Primary																					Contingent																				
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Contingent																																																				

G. Owner Information

Submit the appropriate trust, corporate, or non-corporate form(s).

Only complete this section if the Owner is different than the Insured.

Owner name (last, first, middle)

- ☐ Individual
- ☐ Trust (submit Certification of Trustee Authority form)
- ☐ Corporate (submit Corporate/Non-Profit Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
- ☐ Partnership (submit Partnership/LLC Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
- ☐ Other _____

Social Security or tax ID number

Date of birth or trust date

Street address (no P.O. box)

City

State

Zip code

Relationship to proposed insured

Telephone number

E-mail address

H. Premium and Billing Information

Premium Notice Should Be Sent To:

- ☐ Proposed Insured Address in Section A ☐ Owner Address in Section G
- ☐ Owner's Business/Employer Address (Indicate below) ☐ Other (Indicate below)

Name

Address

City

State

Zip code

Payment Method:

- ☐ Annual ☐ Quarterly
- ☐ Semi-Annual ☐ Monthly Electronic Funds Transfer (EFT) Plan Number _____
(If new plan, submit EFT Authorization)
- ☐ Payroll Deduction Plan (PRD) Plan Number _____
- ☐ List Bill Plan Number _____ (if new plan, submit List Bill Setup form)

Source of Funds:

- ☐ Earnings ☐ Sale of Investments
- ☐ Existing Insurance ☐ Savings
- ☐ Gift/Inheritance ☐ Other _____
- ☐ Retirement Funds

Third Party Notification (optional):

If you wish, you may give us the name and address of a person whom you designate to also receive notice of an overdue premium or pending lapse. (Indicate below)

Name

Address

City

State

Zip code

I. Additional Premium	1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit 1035 Exchange Agreement form)		
	Non-Repeating Premium (NRP) Regular NRP \$ _____		
	Billable Non-Repeating Premium (Billable NRP) (If base premium is paid through a list bill, the NRP must also be billed through the same list bill.) Total Annual Billable NRP \$ _____ (Minimum annual \$600 NRP required. Minimum annual \$2,400 base premium required.) Include Billable NRP at issue, with first premium payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Payment Method <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly </div> <div> <input type="checkbox"/> Monthly Electronic Funds Transfer (EFT) Plan Number _____ (If new plan, submit EFT/APP Authorization) <input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number _____ </div> </div>		
	Universal Life and Whole Life Additional Premium (excluding 1035) \$ _____		
J. Money Submitted with Application <i>Make all checks payable to Minnesota Life.</i>	Has the Owner paid money with this application to the representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____ Was a Life Receipt and Temporary Insurance Agreement given? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K. Special Mailing Address	If mail (other than the premium notice) should be sent somewhere other than the Owner's Home Address, please indicate here. <input type="checkbox"/> Owner's Business Address <input type="checkbox"/> Other - Indicate Name and Address Name (last, first, middle) _____ Address _____ <div style="display: flex; justify-content: space-between;"> <div>City _____</div> <div>State _____</div> <div>Zip code _____</div> </div>		
L. Request for Illustration <i>Complete for non-variable products, excluding term.</i>	Choose one of the following: (For Policy Exchanges, only the first option is available.) <input type="checkbox"/> An illustration matching the policy applied for was presented to the Owner/Applicant and a signed copy is included with this application. The Owner/Applicant has received a copy. <input type="checkbox"/> An illustration was presented or provided to the Owner/Applicant, but is different from the policy applied for. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery. <input type="checkbox"/> No illustration conforming to the policy as applied for was shown or provided to the Owner/Applicant prior to or at the time of taking this application. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery.		
M. Proposed Insured Underwriting Information	1. Is the proposed insured a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of _____ Indicate visa type _____ 2. Does the proposed insured plan to travel or reside outside the US in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel: _____ _____ 3. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in piloting a plane? If yes, complete the Military and Aviation Statement. <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>4. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in skin diving (snorkel, scuba, or other), sky diving, mountain/rock climbing, horse racing, rodeo, polo, bull fighting, bungee jumping, BASE jumping, canyoneering, boxing, professional wrestling, extreme skiing, or racing (motor vehicle or boat)? If yes, complete Sports and Avocation Statement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Is the proposed insured in the Armed Forces, National Guard, or Reserves? If yes, complete Military and Aviation Statement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Has the proposed insured applied for insurance within the last six months? If yes, provide details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Has the proposed insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Has the proposed insured, within the past five years, been convicted of a driving while intoxicated violation, had a driver's license restricted or revoked, or been convicted of a moving violation? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Except for traffic violations, has the proposed insured ever been convicted of a misdemeanor or felony? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner's behalf? If yes, provide details and a copy of the applicable entity's controlling documents.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Have you had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Is this policy in accordance with your insurance objectives and your anticipated financial needs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. Has the representative discussed whether this policy is suitable for you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Reason for purchasing policy:</p> <p>a. Accumulation</p> <p>b. Business Planning/Key Person</p> <p>c. Charitable Giving</p> <p>d. Death Benefit Protection</p> <p>e. Estate Planning</p> <p>f. Retirement/Deferred Compensation</p> <p>g. Other _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>17. A. Has the proposed insured ever smoked cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td data-bbox="462 149 654 212">Current smoker <input type="checkbox"/></td><td data-bbox="654 149 820 212">Past smoker <input type="checkbox"/></td><td data-bbox="820 149 985 212">Packs per day</td><td data-bbox="985 149 1523 212">Date last cigarette smoked (MM, DD, YY)</td></tr> </table> <p>B. Has the proposed insured ever used tobacco, other than cigarettes, in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr> <td data-bbox="462 260 654 323">What type</td><td data-bbox="654 260 820 323">Current user <input type="checkbox"/></td><td data-bbox="820 260 985 323">Past user <input type="checkbox"/></td><td data-bbox="985 260 1151 323">How much</td><td data-bbox="1151 260 1523 323">Date of last use (MM, DD, YY)</td></tr> </table>	Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)	What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)
Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)							
What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)						
N. Additional Remarks										
O. Home Office Endorsements	<p>Home Office Corrections or Additions</p> <p>Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, gender, amount, classification, plan or benefits unless agreed to in writing.</p>									

Policy Change Application
No Underwriting Required
Individual Life Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 [Individual Life Policy Administration • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

A. Request Information	Policy number(s) _____ Insured name (last, first, middle) _____ <hr/> Money submitted with application \$ _____ Effective date of change <input type="checkbox"/> Current Date <input type="checkbox"/> Date Of Next EFT/APP Draw <input type="checkbox"/> Receipt Given <input type="checkbox"/> Other (Indicate mm/yy and reason) _____	
B. Owner Information	Owner name (last, first, middle) _____	
	Telephone number <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	E-mail address _____
C. Address Adjustments	<input type="checkbox"/> Change Owner Home Address <input type="checkbox"/> Add/Change Mailing Address (Check One): <input type="checkbox"/> Premium Notices Only <input type="checkbox"/> All Correspondence Other Than Premium Notice <input type="checkbox"/> All Mail	
	Name (last, first, middle) _____	
	Address _____	
	City _____	State _____ Zip _____
D. Face Amount Adjustments	<input type="checkbox"/> Change Face Amount: \$ _____ (Unless otherwise indicated, for Adjustable products, we will maintain the premium and adjust the plan.)	
	<input type="checkbox"/> Cost Of Living Alternate Exercise <input type="checkbox"/> AIO/AIOW/FAIA/GIO Exercise <input type="checkbox"/> Inflation Agreement Exercise <input type="checkbox"/> Alternate Option Date: _____ (Attach Proof)	
E. Premium and Billing Information	Premium Adjustment	
	<input type="checkbox"/> Change Total Annual Planned Premium Amount: \$ _____ (Unless otherwise indicated, for Adjustable products, we will maintain the face amount and adjust the plan.)	
	Payment Method	
	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly Electronic Funds Transfer (EFT/APP) Plan Number: _____ (If new plan, submit EFT/APP Authorization)
	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> List Bill Plan Number: _____ (If new plan, submit List Bill form)
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number: _____
	Source of Funds	
	<input type="checkbox"/> Earnings	<input type="checkbox"/> Sale of Investments
	<input type="checkbox"/> Existing Insurance	<input type="checkbox"/> Savings
	<input type="checkbox"/> Gift/Inheritance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Retirement Funds		
Non-Repeating Premium (NRP)		
Regular NRP \$ _____ <input type="checkbox"/> Increase Face By NRP Amount <input type="checkbox"/> Do Not Increase Face By NRP Amount		
Billable Non-Repeating Premium (Billable NRP)		
(If base premium is paid through a list bill, the NRP must also be billed through the same list bill.)		
Total Annual Billable NRP \$ _____ (Minimum annual \$600 NRP required. Minimum annual \$2,400 base premium required.)		
Payment Method		
<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly Electronic Funds Transfer (EFT/APP) Plan Number _____ (If new plan, submit EFT/APP Authorization)	
<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number _____	
<input type="checkbox"/> Quarterly		

	1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit 1035 Exchange Agreement form)	
F. Plan Adjustments	<input type="checkbox"/> Change Plan Of Insurance: _____ <input type="checkbox"/> Life At Age:_____ <input type="checkbox"/> Protection To Age:_____ (Unless otherwise indicated, for Adjustable products, we will maintain the face amount and adjust the premium.)	
G. Partial Surrenders	<input type="checkbox"/> Partial Surrender to Cash: \$_____ or <input type="checkbox"/> Max Amount <input type="checkbox"/> Partial Surrender to Eliminate Policy Loan (Dividend additions and accumulations will be surrendered first) The death benefit amount will be reduced. <p>If a correct Social Security or Tax ID number is not provided, the IRS requires Minnesota Life to withhold 10% of any taxable gain, irrespective of the withholding election. This applies to all partial surrenders and loan eliminations with taxable gain. Complete withholding section and enter Social Security number/tax ID number below. <input type="checkbox"/> Yes, I elect withholding <input type="checkbox"/> No, I do not elect withholding</p> Owner's Social Security number/tax ID number _____	
H. Systematic Distributions	<input type="checkbox"/> Partial Surrender <input type="checkbox"/> Partial Surrender to Basis Then Loans (select loan type for index product) <input type="checkbox"/> Fixed Loan Interest Rate <input type="checkbox"/> Variable Loan Interest Rate Amount of Distribution \$_____ Start Date of Distributions _____ Frequency: <input type="checkbox"/> Monthly or <input type="checkbox"/> Annually Distribution Day: <input type="checkbox"/> 10th or <input type="checkbox"/> 20th	
I. Conversions	<input type="checkbox"/> Conversion Term Insurance At Attained Age <input type="checkbox"/> Partial Conversion Amount: \$_____ <div style="float: right;"><input type="checkbox"/> Surrender balance <input type="checkbox"/> Retain balance</div> Select Product: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adjustable Life Legend <input type="checkbox"/> Adjustable Life Summit <input type="checkbox"/> Secure <u>Accumulator Whole Life</u> <input type="checkbox"/> <u>Secure Protector Whole Life</u> <input type="checkbox"/> Variable Adjustable Life Horizon <input type="checkbox"/> Variable Adjustable Life Summit <input type="checkbox"/> Other _____ </div> <div style="width: 35%;"> <input type="checkbox"/> <u>Accumulator Universal Life</u> <input type="checkbox"/> Accumulator Variable Universal Life <input type="checkbox"/> Eclipse Indexed Universal Life <input type="checkbox"/> Eclipse Protector Indexed Universal Life (For Eclipse, Eclipse Protector, and Accumulator, select a Death Benefit Qualification Test. If none selected the default is GPT) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT) </div> </div> <small>Select a Death Benefit or Dividend Option in Section J. For Variable Adjustable Life, Universal Life and Adjustable Life Summit, the default death benefit option is Level/Cash. For Adjustable Life Legend, the default dividend option is Policy Improvement. For Secure Whole Life, the default dividend option is Paid-Up Additions. Business Value Enhancement Agreement is not available for term conversions.</small>	
	<input type="checkbox"/> Convert Term Insurance Into Existing Policy Existing Policy Number: _____	
	<input type="checkbox"/> Convert Term Agreement Term Agreement: _____ Insured Name: _____	
	<p>Automatic Premium Loan (APL) Provision is automatically added at conversion, if available for the product, unless indicated here: <input type="checkbox"/> Omit Automatic Premium Loan Provision</p>	
	<p>Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms.</p> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
J. Other Adjustments	<input type="checkbox"/> Change Death Benefit Option To: <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums The Protection death benefit option generally requires underwriting. If changing from Level Death Benefit Option the face amount will decrease.	<input type="checkbox"/> Change Dividend Option To: _____
	Automatic Premium Loan Provision <input type="checkbox"/> Add <input type="checkbox"/> Remove	

K. Additional Agreements

Select only those agreements available on the products applied for.

<input type="checkbox"/> Maintain Current Annual Premium	<input type="checkbox"/> Change Current Annual Premium Accordingly				
	ADD	REMOVE	CHANGE AMOUNT	NEW AMOUNT	
[Accelerated Benefit Agreement (Submit ABA Outline of Coverage form)]	<input type="checkbox"/>	<input type="checkbox"/>			
Accidental Death Benefit Agreement		<input type="checkbox"/>			
Additional Insurance Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$	
Adjustable Survivorship Life Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$	
Business Continuation Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Business Value Enhancement Agreement			<input type="checkbox"/>	\$	
Children's Term or Family Term Children's Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$	
Cost of Living Agreement		<input type="checkbox"/>			
Death Benefit Guarantee Agreement*	<input type="checkbox"/>	<input type="checkbox"/>			
Early Values Agreement*	<input type="checkbox"/>				
Enhanced Guaranteed Agreement	<input type="checkbox"/>	<input type="checkbox"/>			
Enhanced Guaranteed Choice Agreement	<input type="checkbox"/>	<input type="checkbox"/>			
Estate Preservation Agreement		<input type="checkbox"/>			
Estate Preservation Choice Agreement		<input type="checkbox"/>			
Exchange of Insureds Agreement	<input type="checkbox"/>	<input type="checkbox"/>			
Extended Conversion Agreement		<input type="checkbox"/>			
Face Amount Increase Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$	
Family Term - Spouse Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
First to Die Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$	
<u>Flexible Term Agreement</u>		<input type="checkbox"/>	<input type="checkbox"/>	\$	
<u>Guaranteed Income Agreement</u>	<input type="checkbox"/>	<input type="checkbox"/>			
Guaranteed Insurability Option Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$	
Guaranteed Insurability Option Agreement with Waiver		<input type="checkbox"/>			
Guaranteed Protection Waiver		<input type="checkbox"/>			
<u>Income Protection Agreement**</u>			<input type="checkbox"/>		%
Inflation Agreement		<input type="checkbox"/>			
Interest Accumulation Agreement		<input type="checkbox"/>	<input type="checkbox"/>		%
Long-Term Care Agreement (Submit LTC Supplemental Application)		<input type="checkbox"/>	<input type="checkbox"/>	\$	
Overloan Protection Agreement	<input type="checkbox"/>	<input type="checkbox"/>			
Policy Enhancement Agreement (Indicate a whole number from 3 to 10%)			<input type="checkbox"/>		%
Policy Split Agreement		<input type="checkbox"/>			
Premium Deposit Account Agreement (Submit Premium Deposit Account Information form)	<input type="checkbox"/>	<input type="checkbox"/>			
Single Life Term Agreement		<input type="checkbox"/>	<input type="checkbox"/>	\$	
Single Premium Paid Up Additional Insurance Agreement	<input type="checkbox"/>	<input type="checkbox"/>			
Surrender Value Enhancement Agreement		<input type="checkbox"/>			
Term Insurance Agreement		<input type="checkbox"/>			
Waiver of Charges Agreement		<input type="checkbox"/>			
Waiver of Premium Agreement		<input type="checkbox"/>			
Other: _____]					

*Can only be added when converting term insurance to a new policy.

**Can only be changed when converting term insurance into an existing policy.

L. Life Insurance In Force and Replacement <i>Submit appropriate replacement forms (not needed if replacing group coverage).</i>	<div style="display: flex; justify-content: space-between;"> <div>Excluding this policy, does the Insured have any life insurance, annuity or mutual fund in force or pending?</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details on the Replacement Disclosure Statement.</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>
M. Additional Remarks	
N. Home Office Endorsements	Home Office Corrections or Additions Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, amount, gender, classification, plan or benefits unless agreed to in writing.
O. Agreements	<p>AGREEMENTS: I have read, or had read to me the statements and answers recorded on my application. They are given to obtain this insurance and are, to the best of my knowledge and belief, true, complete, and correctly recorded. I agree that they will become part of this application and any policy issued on it.</p> <p>VARIABLE LIFE: I understand that the amount or the duration of the death benefit (or both) of the policy applied for may increase or decrease depending on the investment results of the sub-accounts of the separate account. I understand that the actual cash value of the policy applied for is not guaranteed and increases and decreases depending on the investment results. There is no minimum actual cash value for the policy values invested in these sub-accounts.</p> <p>FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.</p>

<input type="checkbox"/> Change Service Representative (Print name/code only if policy is being reassigned)	Representative name	Firm/rep code
---	---------------------	---------------

Owner signature (give title if signed on behalf of a business)	Date	City	State
X			
Assignee signature (give title if signed on behalf of a business)	Date	City	State
X			
Irrevocable beneficiary signature (give title if signed on behalf of a business)	Date	City	State
X			
Parent/conservator/guardian signature (juvenile applications)	Date	City	State
X			

I believe that the information provided by this applicant is true and accurate. I certify I have accurately recorded all information given by the Owner(s).

Licensed representative signature	Firm/rep code	Date
X		

Policy Change Application Part 1
Underwriting Required
Individual Life Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
[Individual Life Policy Administration • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

A. Request Information <i>Make all checks payable to Minnesota Life.</i>	Policy number(s)	Insured name (last, first, middle)	
	Money submitted with application \$ _____ <input type="checkbox"/> Receipt Given	Effective date of change <input type="checkbox"/> Current Date <input type="checkbox"/> Date Of Next EFT/APP Draw <input type="checkbox"/> Other (Indicate mm/yy and reason) _____	
B. Owner Information	Owner name (last, first, middle)		
	Telephone number <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	E-mail address	
C. Address Adjustments	<input type="checkbox"/> Change Owner Home Address <input type="checkbox"/> Add/Change Mailing Address (Check One): <input type="checkbox"/> Premium Notices Only <input type="checkbox"/> All Correspondence Other Than Premium Notice <input type="checkbox"/> All Mail		
	Name (last, first, middle)		
	Address		
	City	State	Zip
D. Face Amount Adjustments	<input type="checkbox"/> Change Face Amount: \$ _____ (Unless otherwise indicated, for Adjustable products, we will maintain the premium and adjust the plan.)		
	<input type="checkbox"/> Cost Of Living Alternate Exercise <input type="checkbox"/> AIO/AIOW/FAIA/GIO Exercise <input type="checkbox"/> Inflation Agreement Exercise <input type="checkbox"/> Alternate Option Date: _____ (Attach Proof)		
E. Premium and Billing Information	Premium Adjustment <input type="checkbox"/> Change Total Annual Planned Premium Amount: \$ _____ (Unless otherwise indicated, for Adjustable products, we will maintain the face amount and adjust the plan.)		
	Payment Method		
	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly Electronic Funds Transfer (EFT/APP) Plan Number: _____ (If new plan, submit EFT/APP Authorization)	
	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> List Bill Plan Number: _____ (If new plan, submit List Bill form)	
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number: _____	
	Source of Funds		
	<input type="checkbox"/> Earnings	<input type="checkbox"/> Sale of Investments	
	<input type="checkbox"/> Existing Insurance	<input type="checkbox"/> Savings	
	<input type="checkbox"/> Gift/Inheritance	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Retirement Funds		
Non-Repeating Premium (NRP) Regular NRP \$ _____ <input type="checkbox"/> Increase Face By NRP Amount <input type="checkbox"/> Do Not Increase Face By NRP Amount			
Billable Non-Repeating Premium (Billable NRP) (If base premium is paid through a list bill, the NRP must also be billed through the same list bill.) Total Annual Billable NRP \$ _____ (Minimum annual \$600 NRP required. Minimum annual \$2,400 base premium required.) Payment Method <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Electronic Funds Transfer (EFT/APP) Plan Number _____ (If new plan, submit EFT/APP Authorization) <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Payroll Deduction Plan (PRD) Plan Number _____ <input type="checkbox"/> Quarterly			

	1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit 1035 Exchange Agreement form)
F. Plan Adjustments	<input type="checkbox"/> Change Plan Of Insurance: <input type="checkbox"/> Life At Age: _____ <input type="checkbox"/> Protection To Age: _____ (Unless otherwise indicated, for Adjustable products, we will maintain the face amount and adjust the premium.)
G. Partial Surrenders	<input type="checkbox"/> Partial Surrender to Cash: \$ _____ or <input type="checkbox"/> Max Amount <input type="checkbox"/> Partial Surrender to Eliminate Policy Loan (Dividend additions and accumulations will be surrendered first) The death benefit amount will be reduced. To maintain current face amount check below (underwriting is required): <input type="checkbox"/> Maintain Face Amount If a correct Social Security or Tax ID number is not provided, the IRS requires Minnesota Life to withhold 10% of any taxable gain, irrespective of the withholding election. This applies to all partial surrenders and loan eliminations with taxable gain. Complete withholding section, and enter Social Security number and tax ID number below. <input type="checkbox"/> Yes, I elect withholding <input type="checkbox"/> No, I do not elect withholding Owner's Social Security number/tax ID number _____
H. Systematic Distributions	<input type="checkbox"/> Partial Surrender <input type="checkbox"/> Partial Surrender to Basis Then Loans (select loan type for index product) <input type="checkbox"/> Fixed Loan Interest Rate <input type="checkbox"/> Variable Loan Interest Rate Amount of Distribution \$ _____ Start Date of Distributions _____ Frequency: <input type="checkbox"/> Monthly or <input type="checkbox"/> Annually Distribution Day: <input type="checkbox"/> 10th or <input type="checkbox"/> 20th
I. Conversions	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Conversion Term Insurance At Attained Age Select Product: <input type="checkbox"/> Adjustable Life Legend <input type="checkbox"/> Adjustable Life Summit <input type="checkbox"/> Secure <u>Accumulator</u> Whole Life <input type="checkbox"/> <u>Secure Protector</u> Whole Life <input type="checkbox"/> Variable Adjustable Life Horizon <input type="checkbox"/> Variable Adjustable Life Summit <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Partial Conversion Amount: \$ _____ <input type="checkbox"/> Surrender Balance <input type="checkbox"/> Retain Balance <input type="checkbox"/> <u>Accumulator Universal Life</u> <input type="checkbox"/> Accumulator Variable Universal Life <input type="checkbox"/> Eclipse Indexed Universal Life <input type="checkbox"/> Eclipse Protector Indexed Universal Life (For Eclipse, Eclipse Protector, and Accumulator, select a Death Benefit Qualification Test. If none selected the default is GPT) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT) </div> </div> <p style="font-size: small;"> Select a Death Benefit or Dividend Option in Section J. For Variable Adjustable Life, Universal Life and Adjustable Life Summit, the default death benefit option is Level/Cash. For Adjustable Life Legend, the default dividend option is Policy Improvement. For Secure Whole Life, the default dividend option is Paid-Up Additions. Business Value Enhancement Agreement is not available for term conversions. </p> <input type="checkbox"/> Convert Term Insurance Into Existing Policy Existing Policy Number: _____
	<input type="checkbox"/> Convert Term Agreement Term Agreement: _____ Insured Name: _____
	Automatic Premium Loan (APL) Provision is automatically added at conversion, if available for the product, unless indicated here: <input type="checkbox"/> Omit Automatic Premium Loan Provision
	Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms. <input type="checkbox"/> Yes <input type="checkbox"/> No

J. Other Adjustments	<input type="checkbox"/> Change Death Benefit Option To: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums </div> <p>The Protection death benefit option generally requires underwriting. If changing from Level Death Benefit Option the face amount will decrease. To maintain current face amount check below (underwriting is required):</p> <input type="checkbox"/> Maintain Face Amount	<input type="checkbox"/> Change Dividend Option To: <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>																																																																																																																															
	<input type="checkbox"/> Improve Risk Class <div style="margin-left: 20px;"> <input type="checkbox"/> Maintain current annual premium <input type="checkbox"/> Reduce current annual premium </div>																																																																																																																																
	<input type="checkbox"/> Add Non-Smoker/Non-Tobacco Designation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>1. Do you currently smoke any cigarettes or have you smoked any cigarettes in the past 12 months?</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>2. Do you currently use any tobacco or have you used any tobacco in the past 12 months?</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <p>I understand that a material misrepresentation, including but not limited to, statements regarding my tobacco status, may result in the cancellation of insurance and non-payment of any claim.</p>																																																																																																																																
	<input type="checkbox"/> Reinstate I understand that this application will be attached to and considered part of the policy to which it applies. Also, I understand that this policy will be contestable, as to representations in this application, from the date of reinstatement for the time period stated in the incontestable provision of the policy.																																																																																																																																
	Automatic Premium Loan Provision <input type="checkbox"/> Add <input type="checkbox"/> Remove																																																																																																																																
K. Additional Agreements <i>Select only those agreements available on the products applied for.</i>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Maintain Current Annual Premium <input type="checkbox"/> Change Current Annual Premium Accordingly </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">ADD</th> <th style="width: 10%; text-align: center;">REMOVE</th> <th style="width: 15%; text-align: center;">CHANGE AMOUNT</th> <th style="width: 15%; text-align: center;">NEW AMOUNT</th> </tr> </thead> <tbody> <tr style="background-color: #f2f2f2;"> <td>[Accelerated Benefit Agreement (Submit ABA Outline of Coverage form)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Accidental Death Benefit Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Additional Insurance Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Adjustable Survivorship Life Agreement (Complete Application for Designated Life)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr style="background-color: #f2f2f2;"> <td>Business Continuation Agreement (Complete Application for Designated Life)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Business Value Enhancement Agreement</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr style="background-color: #f2f2f2;"> <td>Children's Term or Family Term Children's Agreement (Submit Family/Children's Term Application)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Cost of Living Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Death Benefit Guarantee Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Early Values Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Enhanced Guaranteed Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Enhanced Guaranteed Choice Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Estate Preservation Agreement*</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Estate Preservation Choice Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Exchange of Insureds Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Extended Conversion Agreement</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr style="background-color: #f2f2f2;"> <td>Face Amount Increase Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Family Term - Spouse Agreement (Submit Family/Children's Term Application)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr style="background-color: #f2f2f2;"> <td>First to Die Agreement</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><u>Flexible Term Agreement*</u> <input type="checkbox"/> 10-year <input type="checkbox"/> 20-year</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr style="background-color: #f2f2f2;"> <td><u>Guaranteed Income Agreement</u></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Guaranteed Insurability Option Agreement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">\$ _____</td> </tr> <tr style="background-color: #f2f2f2;"> <td>Guaranteed Insurability Option Agreement with Waiver</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Guaranteed Protection Waiver</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>					ADD	REMOVE	CHANGE AMOUNT	NEW AMOUNT	[Accelerated Benefit Agreement (Submit ABA Outline of Coverage form)	<input type="checkbox"/>	<input type="checkbox"/>			Accidental Death Benefit Agreement*	<input type="checkbox"/>	<input type="checkbox"/>			Additional Insurance Agreement*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Adjustable Survivorship Life Agreement (Complete Application for Designated Life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Business Continuation Agreement (Complete Application for Designated Life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Business Value Enhancement Agreement			<input type="checkbox"/>	\$ _____	Children's Term or Family Term Children's Agreement (Submit Family/Children's Term Application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Cost of Living Agreement	<input type="checkbox"/>	<input type="checkbox"/>			Death Benefit Guarantee Agreement*	<input type="checkbox"/>	<input type="checkbox"/>			Early Values Agreement*	<input type="checkbox"/>				Enhanced Guaranteed Agreement	<input type="checkbox"/>	<input type="checkbox"/>			Enhanced Guaranteed Choice Agreement	<input type="checkbox"/>	<input type="checkbox"/>			Estate Preservation Agreement*	<input type="checkbox"/>	<input type="checkbox"/>			Estate Preservation Choice Agreement	<input type="checkbox"/>	<input type="checkbox"/>			Exchange of Insureds Agreement	<input type="checkbox"/>	<input type="checkbox"/>			Extended Conversion Agreement		<input type="checkbox"/>			Face Amount Increase Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Family Term - 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	Income Protection Agreement* <input type="checkbox"/> <input type="checkbox"/> _____ % Complete if Adding Agreement: % Lump Sum % Installments (minimum 25%) Installment Payment Cease Age (age 95 or less) Frequency of Installment Payment(s) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually				
	Inflation Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
	Interest Accumulation Agreement*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ %	
	Long-Term Care Agreement (Submit LTC Supplemental Application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	
	Overloan Protection Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
	Policy Enhancement Agreement (Indicate a whole number from 3 to 10%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ %	
	Policy Split Agreement		<input type="checkbox"/>		
	Premium Deposit Account Agreement (Submit Premium Deposit Account Information form)	<input type="checkbox"/>	<input type="checkbox"/>		
	Single Life Term Agreement		<input type="checkbox"/>	<input type="checkbox"/> \$ _____	
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	Waiver of Charges Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
	Waiver of Premium Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
	Other: _____]				
	*Can only be added when converting term insurance to a new policy.				
L. Life Insurance In Force and Replacement <i>Submit appropriate replacement forms (not needed if replacing group coverage).</i>	Excluding this policy, does the Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned, or is in the process of being sold or assigned, to a life settlement, viatical or secondary market provider? If yes, provide details in the chart below.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details in the chart below.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Life Insurance In Force				
	Full Company Name	Amount	Year Issued	Type <input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	Will it be Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
M. Insured Underwriting Information	Driver's license number		State of issue	Expiration date	
	Birthplace (state or, if outside the US, country)				
	Occupation		Income		
	1. Is the insured a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of _____ Indicate visa type _____				

	<p>2. Does the insured plan to travel or reside outside the US in the next two years? If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel:</p> <p>_____</p> <p>_____</p> <p>3. Has the insured within the last five years, or does the proposed insured plan, within two years, to engage in piloting a plane? If yes, complete the Military and Aviation Statement.</p> <p>_____</p> <p>4. Has the insured within the last five years, or does the proposed insured plan, within two years, to engage in skin diving (snorkel, scuba, or other), sky diving, mountain/rock climbing, horse racing, rodeo, polo, bull fighting, bungee jumping, BASE jumping, canyoneering, boxing, professional wrestling, extreme skiing or racing (motor vehicle or boat)?</p> <p>_____</p> <p>5. Is the insured in the Armed Forces, National Guard, or Reserves? If yes, complete the Military and Aviation Statement.</p> <p>_____</p> <p>6. Has the insured applied for insurance within the last six months? If yes, provide details below.</p> <p>_____</p> <p>_____</p> <p>7. Has the insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below.</p> <p>_____</p> <p>_____</p> <p>8. Has the insured, within the past five years, been convicted of a driving while intoxicated violation, had a driver's license restricted or revoked, or been convicted of a moving violation? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p> <p>9. Except for traffic violations, has the insured ever been convicted of a misdemeanor or felony? If yes, provide dates and details below.</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>N. Additional Remarks</p>		
<p>O. Home Office Endorsements</p>	<p>Home Office Corrections or Additions</p> <p>Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, gender, amount, classification, plan or benefits unless agreed to in writing.</p>	

Application Part 1

Individual Life Insurance

Minnesota Life Insurance Company - A Securian Company
[Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

MINNESOTA LIFE

A. Proposed Insured Information	Proposed insured name (last, first, middle)			
	Social Security number		Date of birth (month, day, year)	
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Driver's license number		Issue state	Expiration date
	Primary telephone number		Secondary telephone number	
	Birthplace (state or, if outside the US, country)		E-mail address	
	Street address (no P.O. Box)		City	State
	Occupation		Years in occupation	Income
B. Product	Product applied for		Base face amount \$	
	Total annual planned premium		Plan of insurance (if applicable)	
	Death benefit qualification test (if applicable, defaults to GPT if none selected) <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)			
	Death benefit option (If applicable, defaults to Cash/Level if none selected) <input type="checkbox"/> Cash/Level <input type="checkbox"/> Protection/Increasing <input type="checkbox"/> Sum of Premiums			
	Dividend option (if applicable, defaults to Paid-Up Additions for Secure Whole Life)			
C. Additional Benefits and Agreements	<input type="checkbox"/> [Accelerated Benefit Agreement (Submit ABA Outline of Coverage form) <input type="checkbox"/> Accidental Death Benefit Agreement \$ (Coverage Amount) <input type="checkbox"/> Additional Insurance Agreement \$ (Coverage Amount) <input type="checkbox"/> Business Value Enhancement Agreement Select one: <input type="checkbox"/> Maximum Single Premium <input type="checkbox"/> Level Premium with PDA (Submit Premium Deposit Account Information form) <input type="checkbox"/> Children's Term or Family Term - Child Agreement (Submit Family/Children's Term Application) \$ (Coverage Amount) <input type="checkbox"/> Death Benefit Guarantee Agreement <input type="checkbox"/> Early Values Agreement <input type="checkbox"/> Estate Preservation Agreement \$ (Coverage Amount) Face Amount (Not to exceed 122% of base amount) <input type="checkbox"/> Estate Preservation Choice Agreement \$ (Coverage Amount) Face Amount (Not to exceed 122% of base amount) <input type="checkbox"/> Exchange of Insureds Agreement <input type="checkbox"/> Extended Conversion Agreement <input type="checkbox"/> Face Amount Increase Agreement <input type="checkbox"/> First to Die Agreement \$ (Coverage Amount) <input type="checkbox"/> Flexible Term Agreement <input type="checkbox"/> 10-year <input type="checkbox"/> 20-year			
	<input type="checkbox"/> <u>Guaranteed Income Agreement</u> <input type="checkbox"/> Guaranteed Insurability Option Agreement \$ (Coverage Amount) <input type="checkbox"/> Guaranteed Insurability Option Agreement with Waiver \$ (Coverage Amount) <input type="checkbox"/> <u>Income Protection Agreement</u> <u>% Lump Sum</u> <u>% Installments (minimum 25%)</u> <u>Installment Payment Cease Age (age 95 or less)</u> <u>Frequency of Installment Payment(s) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</u> <input type="checkbox"/> Inflation Agreement <input type="checkbox"/> Long-Term Care Agreement (Submit LTC Supplemental Application) <input type="checkbox"/> Overloan Protection Agreement <input type="checkbox"/> Premium Deposit Account Agreement (Submit Premium Deposit Account Information form) <input type="checkbox"/> Single Life Term Agreement \$ (Coverage Amount) <input type="checkbox"/> Single Premium Paid-Up Additional Insurance Agreement \$ (Premium Amount) <input type="checkbox"/> Surrender Value Enhancement Agreement <input type="checkbox"/> Term Insurance Agreement \$ (Coverage Amount) <input type="checkbox"/> Waiver of Charges Agreement <input type="checkbox"/> Waiver of Premium Agreement <input type="checkbox"/> Other <input type="checkbox"/> Other			

	THE FOLLOWING BENEFITS AND AGREEMENTS WILL BE ADDED IF AVAILABLE FOR YOUR POLICY, UNLESS YOU CHOOSE TO OMIT THEM: <input type="checkbox"/> Omit Automatic Premium Loan Provision <input type="checkbox"/> Omit Policy Split Agreement																								
D. Special Dating	<input type="checkbox"/> Date to save age <input type="checkbox"/> Specific date (month/day/year): _____ (cannot select 29th, 30th, or 31st of the month) Are there any other Minnesota Life applications associated with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Proposed Insured(s) full name(s) and whether the policies should have the same issue date.																								
E. Life Insurance In Force and Replacement <i>Submit appropriate replacement forms (not needed if replacing group coverage).</i>	Excluding this policy, does the Proposed Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned, or is in the process of being sold or assigned, to a life settlement, viatical or secondary market provider? If yes, provide details in the chart below. <input type="checkbox"/> Yes <input type="checkbox"/> No Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund, as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) If yes, provide details in the chart below. <input type="checkbox"/> Yes <input type="checkbox"/> No Life Insurance In Force <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Full Company Name</th><th style="width: 15%;">Amount</th><th style="width: 10%;">Year Issued</th><th style="width: 25%;">Type</th><th style="width: 20%;">Will it be Replaced?</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td><td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td></td><td></td><td></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td><td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> <tr> <td></td><td></td><td></td><td> <input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business </td><td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td></tr> </tbody> </table>					Full Company Name	Amount	Year Issued	Type	Will it be Replaced?				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Company Name	Amount	Year Issued	Type	Will it be Replaced?																					
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
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			<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
F. Beneficiary Information <i>If the beneficiary is a trust, give complete trust name and date trust established.</i>		Beneficiary First and Last Name	Relationship to Proposed Insured	SSN/TIN (If known)	Percentage																				
	Primary																								
	Contingent																								

G. Owner Information

Submit the appropriate trust, corporate, or non-corporate form(s).

Only complete this section if the Owner is different than the Insured.

Owner name (last, first, middle)

- ☐ Individual
☐ Trust (submit Certification of Trustee Authority form)
☐ Corporate (submit Corporate/Non-Profit Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
☐ Partnership (submit Partnership/LLC Resolution and Employer Notification Regarding the Potential Taxation of Death Benefit forms)
☐ Other _____

Social Security or tax ID number

Date of birth or trust date

Street address (no P.O. box)

City

State

Zip code

Relationship to proposed insured

Telephone number

E-mail address

H. Premium and Billing Information**Premium Notice Should Be Sent To:**

- ☐ Proposed Insured Address in Section A
☐ Owner's Business/Employer Address (Indicate below)
☐ Owner Address in Section G
☐ Other (Indicate below)

Name

Address

City

State

Zip code

Payment Method:

- ☐ Annual
☐ Semi-Annual
☐ Quarterly
☐ Monthly Electronic Funds Transfer (EFT) Plan Number _____
(If new plan, submit EFT Authorization)
☐ List Bill Plan Number _____ (if new plan, submit List Bill Setup form)

Source of Funds:

- ☐ Earnings
☐ Existing Insurance
☐ Gift/Inheritance
☐ Retirement Funds
☐ Sale of Investments
☐ Savings
☐ Other _____

Third Party Notification (optional):

If you wish, you may give us the name and address of a person whom you designate to also receive notice of an overdue premium or pending lapse. (Indicate below)

Name

Address

City

State

Zip code

I. Additional Premium**Universal Life and Whole Life Additional Premium (excluding 1035)**

\$ _____

1035 Exchange

(If yes, submit 1035 Exchange Agreement form)

☐ Yes ☐ No

J. Money Submitted with Application <i>Make all checks payable to Minnesota Life.</i>	Has the Owner paid money with this application to the representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____ Was a Life Receipt and Temporary Insurance Agreement given? <input type="checkbox"/> Yes <input type="checkbox"/> No
K. Special Mailing Address	If mail (other than the premium notice) should be sent somewhere other than the Owner's Home Address, please indicate here. <input type="checkbox"/> Owner's Business Address <input type="checkbox"/> Other - Indicate Name and Address <hr/> Name (last, first, middle) <hr/> Address <hr/> <div style="display: flex; justify-content: space-between;"> City State Zip code </div>
L. Request for Illustration <i>Complete for non-variable products, excluding term.</i>	Choose one of the following: (For Policy Exchanges, only the first option is available.) <input type="checkbox"/> An illustration matching the policy applied for was presented to the Owner/Applicant and a signed copy is included with this application. The Owner/Applicant has received a copy. <input type="checkbox"/> An illustration was presented or provided to the Owner/Applicant, but is different from the policy applied for. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery. <input type="checkbox"/> No illustration conforming to the policy as applied for was shown or provided to the Owner/Applicant prior to or at the time of taking this application. An illustration conforming to the policy as issued will be provided to the Owner/Applicant no later than at the time of policy delivery.
M. Proposed Insured Underwriting Information	<div style="margin-bottom: 10px;"> 1. Is the proposed insured a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of _____ Indicate visa type _____ </div> <div style="margin-bottom: 10px;"> 2. Does the proposed insured plan to travel or reside outside the US in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the city(s) and country(s), dates, length of stay, and purpose of travel: _____ _____ </div> <div style="margin-bottom: 10px;"> 3. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in piloting a plane? If yes, complete the Military and Aviation Statement. <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-bottom: 10px;"> 4. Has the proposed insured within the last five years, or does the proposed insured plan, within the next two years, to engage in skin diving (snorkel, scuba, or other), sky diving, mountain/rock climbing, horse racing, rodeo, polo, bull fighting, bungee jumping, BASE jumping, canyoneering, boxing, professional wrestling, extreme skiing, or racing (motor vehicle or boat)? If yes, complete Sports and Avocation Statement. <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-bottom: 10px;"> 5. Is the proposed insured in the Armed Forces, National Guard, or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Military and Aviation Statement. </div> <div style="margin-bottom: 10px;"> 6. Has the proposed insured applied for insurance within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below. _____ _____ </div> <div style="margin-bottom: 10px;"> 7. Has the proposed insured applied for life insurance in the past five years that was declined or rated? If yes, provide details below. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ </div>

<p>8. Has the proposed insured, within the past five years, been convicted of a driving while intoxicated violation, had a driver's license restricted or revoked, or been convicted of a moving violation? If yes, provide dates and details below.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>9. Except for traffic violations, has the proposed insured ever been convicted of a misdemeanor or felony? If yes, provide dates and details below.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>10. Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>11. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner's behalf? If yes, provide details and a copy of the applicable entity's controlling documents.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>12. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>13. Have you had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>14. Is this policy in accordance with your insurance objectives and your anticipated financial needs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>15. Has the representative discussed whether this policy is suitable for you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>16. Reason for Purchasing Policy:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">a. Accumulation</td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>b. Business Planning/Key Person</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>c. Charitable Giving</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>d. Death Benefit Protection</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>e. Estate Planning</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>f. Retirement/Deferred Compensation</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>g. Other _____</td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	a. Accumulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Business Planning/Key Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Charitable Giving	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Death Benefit Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Estate Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Retirement/Deferred Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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f. Retirement/Deferred Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No														
g. Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>17. A. Has the proposed insured ever smoked cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Current smoker <input type="checkbox"/></td> <td style="width: 25%; padding: 5px;">Past smoker <input type="checkbox"/></td> <td style="width: 25%; padding: 5px;">Packs per day</td> <td style="width: 25%; padding: 5px;">Date last cigarette smoked (MM, DD, YY)</td> </tr> </table>		Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)										
Current smoker <input type="checkbox"/>	Past smoker <input type="checkbox"/>	Packs per day	Date last cigarette smoked (MM, DD, YY)												
<p>B. Has the proposed insured ever used tobacco, other than cigarettes, in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">What type</td> <td style="width: 25%; padding: 5px;">Current user <input type="checkbox"/></td> <td style="width: 25%; padding: 5px;">Past user <input type="checkbox"/></td> <td style="width: 25%; padding: 5px;">How much</td> <td style="width: 25%; padding: 5px;">Date of last use (MM, DD, YY)</td> </tr> </table>		What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)									
What type	Current user <input type="checkbox"/>	Past user <input type="checkbox"/>	How much	Date of last use (MM, DD, YY)											

N. Additional Remarks	
O. Home Office Endorsements	Home Office Corrections or Additions Acceptance of the policy shall ratify changes entered here by Minnesota Life. Not to be used for change in age, gender, amount, classification, plan or benefits unless agreed to in writing.

Application 1A

Individual Life Insurance

Minnesota Life Insurance Company - A Securian Company
[Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098]

MINNESOTA LIFE

Section A: Proposed Insured Information

Proposed insured name (last, first, middle)

Social Security number	Income	Net worth	Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary telephone number	Secondary telephone number	Driver's license number	Issue state	Expiration date
Occupation			Years in occupation	
Street address (no P.O. Box)		City	State	Zip code
Email address				

1. Birthplace (state or, if outside the U.S., country) _____

2. Is the Proposed Insured a U.S. citizen? If no, citizen of: _____ ☐ Yes ☐ No

Visa type _____

3. A. Has the proposed insured ever smoked cigarettes? ☐ Yes ☐ No

Current smoker	Past smoker	Packs per day	Date last cigarette smoked (mm/dd/yy)
----------------	-------------	---------------	---------------------------------------

☐☐

B. Has the proposed insured ever used tobacco, other than cigarettes, in any form? ☐ Yes ☐ No

What type	Current user	Past user	How much	Date of last use (mm/dd/yy)
-----------	--------------	-----------	----------	-----------------------------

☐☐

Section B: Owner Information - Complete if Owner is not the Proposed Insured. Submit entity owner forms when appropriate.

Owner name (last, first, middle)

Date of birth/trust (mm/dd/yyyy)	Social Security number or tax ID no.	Relationship to proposed insured	Primary telephone number	
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____				
Street address (no P.O. Box)		City	State	Zip code
Email address				

Section C: Products and Additional Agreements - Only select agreements applicable to the chosen product

Product applied for	Base face amount
UNIVERSAL LIFE ONLY	WHOLE LIFE ONLY
Total annual planned premium	Additional premium (exclude 1035 funds)
Additional premium (exclude 1035 funds)	Dividend Option (select one): <input type="checkbox"/> Accumulations <input type="checkbox"/> Cash <input type="checkbox"/> Paid Up Additional (default if none selected) <input type="checkbox"/> Reduce Premium, Balance to Cash <input type="checkbox"/> Reduce Premium, Balance to Paid Up Additions <input type="checkbox"/> Loan Repay with Balance to Cash <input type="checkbox"/> Loan Repay with Balance to Paid Up Additions
Death benefit option (select one): <input type="checkbox"/> Level <input type="checkbox"/> Increasing <input type="checkbox"/> Sum of Premiums Death Benefit Qualification Test (select one): <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)	

AGREEMENTS APPLIED FOR:

- | | | |
|---|---|---|
| <input type="checkbox"/> Accelerated Benefit Agreement
(Submit ABA Outline of Coverage form)
<input type="checkbox"/> Accidental Death Benefit Agreement
Coverage Amount: _____
<input type="checkbox"/> Additional Insurance Agreement
Coverage Amount: _____
<input type="checkbox"/> Business Value Enhancement Agreement
Select one:
<input type="checkbox"/> Maximum Single Premium
<input type="checkbox"/> Level Premium with PDA
(Submit Premium Deposit Account Information form)
<input type="checkbox"/> Children's Term or Family Term - Child Agreement
(Submit Family/Children's Term Application)
Coverage Amount: _____
<input type="checkbox"/> Death Benefit Guarantee Agreement
<input type="checkbox"/> Early Values Agreement
<input type="checkbox"/> Estate Preservation Agreement
Coverage Amount: _____
Face Amount (Not to exceed 122% of base amount) | <input type="checkbox"/> Estate Preservation Choice Agreement
Coverage Amount: _____
Face Amount (Not to exceed 122% of base amount)
<input type="checkbox"/> Exchange of Insureds Agreement
<input type="checkbox"/> Extended Conversion Agreement
<input type="checkbox"/> First To Die Agreement
Coverage Amount: _____
<input type="checkbox"/> <u>Flexible Term Agreement</u>
<input type="checkbox"/> 10-year <input type="checkbox"/> 20-year
<input type="checkbox"/> <u>Guaranteed Income Agreement</u>
<input type="checkbox"/> <u>Guaranteed Insurability Option Agreement</u>
Coverage Amount: _____
<input type="checkbox"/> <u>Guaranteed Insurability Option Agreement with Waiver</u>
Coverage Amount: _____
<input type="checkbox"/> <u>Income Protection Agreement</u>
_____ % Lump Sum
_____ % Installments (minimum 25%)
_____ <u>Installment Payment Cease Age</u>
(age 95 or less)
<u>Frequency of Installment Payment(s)</u> <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | <input type="checkbox"/> Inflation Agreement
<input type="checkbox"/> Long-Term Care Agreement
(Submit LTC Supplemental Application)
<input type="checkbox"/> Overloan Protection Agreement
<input type="checkbox"/> Premium Deposit Account Agreement (Submit Premium Deposit Account Information form)
<input type="checkbox"/> Single Life Term Agreement
Coverage Amount: _____
<input type="checkbox"/> Single Premium Paid Up Additional Insurance Agreement
Premium Amount: _____
<input type="checkbox"/> Surrender Value Enhancement Agreement
<input type="checkbox"/> Term Insurance Agreement
Coverage Amount: _____
<input type="checkbox"/> Waiver of Charges Agreement
<input type="checkbox"/> Waiver of Premium Agreement
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|---|---|---|

THE FOLLOWING BENEFITS AND AGREEMENTS *WILL BE ADDED* IF AVAILABLE FOR YOUR POLICY, UNLESS YOU CHOOSE TO OMIT THEM:

- ☐ Omit Automatic Premium Loan Provision ☐ Omit Policy Split Agreement

Section D: Premium and Billing Information

Payment method:

- ☐ New Monthly Electronic Funds Transfer
☐ Quarterly ☐ Semi-Annual ☐ Annual
☐ Other (credit card payments not accepted) _____

Source of Funds:

- | | |
|---|--|
| <input type="checkbox"/> Earnings | <input type="checkbox"/> Sale of Investments |
| <input type="checkbox"/> Existing Insurance | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Gift/Inheritance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Retirement Funds | |

Premium notice should be sent to:

- ☐ Proposed insured address in Section A
☐ Owner address in Section B
☐ Other (complete payer information)

- ☐ Overdue premium or pending lapse notice should also be sent to a third party addressee (complete third party addressee information)

Payer or third party addressee name	Address	City	State	Zip code

Section E: Beneficiary Information - If beneficiary is a trust, complete trust name & date trust established

	Beneficiary First and Last Name	Relationship to Proposed Insured	SSN/TIN (If known)	Percentage
Primary				
Contingent				

Section F: Life Insurance In Force and Replacement

Excluding this policy, does the Proposed Insured have any life insurance, annuity or mutual fund in force or pending, including life insurance sold or assigned to, or is in the process of being sold or assigned to, a life settlement, viatical or secondary market provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the <i>In Force Coverage and Replacement Chart</i> .	<i>In Force Coverage and Replacement Chart</i>				
	Full Company Name & Policy Number	Face Amount	Year Issued	Type	Replacing?
Excluding this policy, has there been, or will there be, replacement of any existing life insurance, annuity or mutual fund as a result of this application? (Replacement includes, but is not limited to, a lapse, surrender, 1035 Exchange, loan, withdrawal, or other change to any existing life insurance or annuity.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit state replacement forms. (NOTE: State replacement forms are not required when replacing group coverage, except in FL, MI, and WA.) 1035 Exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, also submit the 1035 Exchange Agreement form.				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Individual or <input type="checkbox"/> Group <input type="checkbox"/> Personal or <input type="checkbox"/> Business	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section G: Specific Policy Date Request

Are there any other Minnesota Life applications associated with this application?

☐ Yes ☐ No

If yes, provide proposed insured(s) full name(s) and whether the policies should have the same issue date

☐ Date to save age ☐ Specific date (mm/dd/yyyy): _____ (cannot select 29th, 30th, or 31st of month)

Section H: STOLI and Premium Financing

1. Will the Proposed Owner and/or beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this policy is issued? ☐ Yes ☐ No
2. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or beneficial interest in a trust, LLC, or other entity created on the Owner's behalf? If yes, provide details and a copy of the applicable entity's controlling documents: ☐ Yes ☐ No
- _____
- _____
3. Is this policy being funded via a premium financing loan or with funds borrowed, advanced, or paid from another person or entity? If yes, submit the Premium Financing Advisor Attestation and Premium Financing Client Disclosure forms ☐ Yes ☐ No
4. Have you had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained. ☐ Yes ☐ No
- _____
- _____

Section I: Suitability

1. Is this policy in accordance with your insurance objectives and your anticipated financial needs? ☐ Yes ☐ No
2. Has the representative discussed whether this policy is suitable for you? ☐ Yes ☐ No
3. Reason for purchasing policy:
- a. Accumulation ☐ Yes ☐ No
 - b. Business Planning/Key Person ☐ Yes ☐ No
 - c. Charitable Giving ☐ Yes ☐ No
 - d. Death Benefit Protection ☐ Yes ☐ No
 - e. Estate Planning ☐ Yes ☐ No
 - f. Retirement/Deferred Compensation ☐ Yes ☐ No
 - g. Other _____ ☐ Yes ☐ No

Section J: Request for Illustration - *Not required for variable or term products*

Please choose one of the following:

- ☐ An Illustration was signed and matches the policy applied for. A copy is included with this application and a copy has been left with the applicant.
- ☐ An illustration was shown or provided, but is different from the policy applied for. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- ☐ No illustration conforming to the policy as applied for was shown or provided prior to or at the time of this application. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Section K: Money Submitted

Has the owner paid money with this application 1A to the representative?

☐ Yes ☐ No

If yes, amount
\$

Was a life receipt and temporary insurance agreement given?

☐ Yes ☐ No

Section L: Authorization, Agreements, and Signatures

AGREEMENTS: I have read, or had read to me the statements and answers recorded on this Application 1A. They are given to obtain this insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I understand that any false statement or misrepresentation on this Application 1A and the Application 1B may result in loss of coverage under this policy subject to the incontestability provision. I agree that they will become part of this Application 1A and the Application 1B and any policy issued on it. The insurance applied for will not take effect unless the policy is issued and delivered and the full first premium is paid while the health of the Proposed Insured remains as stated in the application. **If such conditions are met, the insurance will take effect as of the earlier of the Policy Date specified in the policy or the date the policy is delivered to me; the only exception to this is provided in the Life Receipt and Temporary Insurance Agreement, issued if the premium is paid in advance.**

VARIABLE LIFE: I understand that the amount or the duration of the death benefit (or both) of the policy applied for may increase or decrease depending on the investment results of the sub-accounts of the separate account. I understand that the actual cash value of the policy applied for is not guaranteed and increases and decreases depending on the investment results. There is no minimum actual cash value for the policy values invested in these sub-accounts.

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic or other health care provider, pharmacy, pharmacy benefits manager, insurance or reinsuring company, consumer reporting agency, the Medical Information Bureau, Inc. (MIB), or employer which has any records or knowledge of my physical or mental health, and/or the physical or mental health of each minor child listed as the Proposed Insured, to give all such information and any other non-medical information relating to such persons to Minnesota Life Insurance Company or its reinsurers. This shall include ALL INFORMATION as to any medical history, consultations, diagnoses, prognoses, prescriptions or treatments and tests, including information regarding alcohol or drug abuse and AIDS or AIDS-related conditions. To facilitate rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by Minnesota Life Insurance Company to collect and transmit such information.

I understand this information is to be used for the purpose of determining eligibility for insurance and may be used for determining eligibility for benefits. I understand this information may be made available to Underwriting, Claims, support staff, licensed representatives and firms of Minnesota Life. I authorize Minnesota Life Insurance Company or its reinsurers to release any such information to reinsuring companies, the MIB, or other persons or organizations performing business or legal services in connection with my Application 1A and Application 1B, claim or as may be otherwise lawfully required or as I may further authorize. I authorize Minnesota Life Insurance Company, or its reinsurers, to make a brief report of my personal, or if applicable, my protected health information to MIB.

I agree this Authorization shall be valid for twenty-four months from the date it is signed. I may revoke this Authorization at any time by sending a written request addressed to the Individual Underwriting Department, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101-2098. I understand that a revocation is not effective to the extent that any action has been taken in reliance on this Authorization or to the extent that Minnesota Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself.

I understand that I, or my legal representative, have the right to request and receive a copy of this Authorization and that a photocopy of this Authorization shall be as valid as the original. I understand that no sales representative has the company's authorization, to accept risk, pass on insurability, or make, or void, waive or change any conditions or provisions of the application, policy or receipt, as applicable.

I acknowledge that I have been given the Your Privacy Is Important To Us notice.

I understand that a copy of this entire application, including Part 1B, will be attached to the policy and delivered to the policyowner.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Proposed insured signature X	City	State	Date
Parent/conservator/guardian signature (juvenile applications) X	City	State	Date
Owner signature (required if other than proposed insured; give title if signed on behalf of a business) X	City	State	Date

Is replacement of existing life insurance, annuity or mutual fund involved in this application? ☐ Yes ☐ No

I believe that the information provided by this Applicant is true and accurate. I certify I have accurately recorded all information given by the Proposed Insured(s).

Licensed representative signature X	Date	Business telephone number	Firm/rep code
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ML PREMIER VARIABLE UNIVERSAL LIFE with Index-Linked Features
Form 12-665.03 POLICY DATA PAGES
Statement of Variability

Minnesota Life Insurance Company certifies that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

SECTION:	VARIABLE DATA	EXPLANATION
Insured	36 characters	Individual Insured's Name
Issue Age & Gender	0 through 90 Male, Female, Unisex	Issue Age of insured Defines Gender for rates
Policy Number	The insureds' policy number	Varies by policy.
Policy Date	Effective Date of the policy	Defines policy as a new issue
Policy Change Date	Policy Change Date: Month, DD, CCYY Policy Change text concerning new suicide and incontestable periods	A. This only prints on a new set of data pages when a policy change has been made. B. Once the first policy change has been made, this section will always print on any new data pages produced for a new change. Subsequent changes, only the date will be updated.
Death Benefit Option	Level Increasing	Displays Death Benefit Option in effect as of the policy date or most recent policy change date.
Insurance Amount as of	Date	Effective date of the policy.
Face Amount	Amount (\$x,xxx,xxx.xx)	Face amount of policy - varies by policy.
Total Insurance Amount	Amount (\$x,xxx,xxx.xx)	Face amount plus term insurance amount, if any, varies by policy.
Monthly Initial Minimum Premium	Amount (\$x,xxx,xxx.xx) Date (Month, DD, CCYY)	A. Defines the minimum monthly amount of premium used to determine the minimum payment required to put the policy in force. B. Effective date of coverage.
Planned Premium	\$X,XXX,XXX.XX Monthly \$X,XXX,XXX.XX Quarterly \$X,XXX,XXX.XX Semiannual \$X,XXX,XXX.XX Annual	Defines premium amount and mode the owner intends to pay.
Maturity Date	Date policy matures	Varies by policy.
Policy Change Paragraph	Date of change to the policy.	Prints when there is a post-effective change to the policy.
Basic Policy		
Coverage Layer Amount	Amount (\$x,xxx,xxx.xx)	Specific to each coverage layer

ML PREMIER VARIABLE UNIVERSAL LIFE with Index-Linked Features
Form 12-665.03 POLICY DATA PAGES
Statement Of Variability

SECTION:	VARIABLE DATA	EXPLANATION
Coverage Layer	<p>All information* in each coverage layer is specific to that layer.</p> <p>*(a) Effective Date (b) Age (c) Risk Class</p>	<p>(a) New issue creates one coverage layer with the effective date of issue. (b) Age as of the effective date of that coverage layer. (c) one of the 7 risk classes offered. The risk class is unique within each coverage layer: Preferred Select Non-Tobacco Preferred Non-Tobacco Preferred Tobacco Non-Tobacco Plus Standard Non-Tobacco Standard Tobacco Special Risk XXX% Tobacco Special Risk XXX% Non-Tobacco</p>
Total Base Face Amount	Amount (\$x,xxx,xxx.xx)	Total face amount of policy; varies by policy; totals all coverage layers
<p>Additional Agreements</p> <p>(a) Lists optional agreements available for this policy. (b) Only those Optional agreements chosen by owner will print. (c) If no agreements chosen, this section will not print</p>	<p>Only newly filed agreements for this product are displayed on this Statement. Previously approved agreements that will appear in this section of the Data Pages, have been listed on other Statements of Variability.</p> <p>Accelerated Death Benefit Agreement Waiver of Premium Agreement</p>	<p>(a) Agreement name (b) Effective date of that agreement (c) Statement of whether there is a monthly charge for the agreement</p>
Interim Account Transfer Date:	<p>The 3rd Friday of each month Range: Any day of the month</p>	<p>Not expected to change. If it changes, the change will apply to new issues only Date money is transferred from the interim account to the fixed, indexed or separate accounts.</p>
Death Benefit Qualification Test:	<p>Guideline Premium Test Cash Value Accumulation Test</p> <p>Displays accompanying Percentage Factors for respective test</p>	<p>Only one qualification test will appear. IRS life insurance qualification test is chosen by owner at issue. Once chosen, it cannot change. Percentage Factors for CVAT are unique to age or coverage layer as appropriate.</p>
Net Amount At Risk Divisor	<p>Currently 1.001652 Range: (1.000830 to 1.009489)</p>	Any change will apply to new issues only.
Fixed Interest Loan Interest Rate	<p>Currently 3% guaranteed for life of policy Range: 2% - 8%</p>	Any change will apply to new issues only.
Variable Interest Loan Interest Rate:	<p>Currently 4.25% guaranteed for one year from date of issue Range: 1% to 25%</p>	<p>Rate in effect at issue date for the first policy year. Varies annually based on outside index.</p>
Variable Loan Interest Rate Factor:	<p>Currently 1.50% guaranteed for life of policy Range: .25% - 2.00%</p>	Any change will apply to new issues only.

ML PREMIER VARIABLE UNIVERSAL LIFE with Index-Linked Features
Form 12-665.03 POLICY DATA PAGES
Statement Of Variability

SECTION:	VARIABLE DATA	EXPLANATION
Guaranteed Interest Account	Bracketed because we may offer in the future additional guaranteed interest accounts named separately.	Only one guaranteed interest account is available currently.
Indexed Accounts	<p>Indexed Account A Indexed Account B</p> <p>Range: Minimum of 1 Indexed Account Maximum of 20 Indexed Accounts</p>	Itemizes all the Indexed Accounts the company is offering at that point in time and their respective short description. All accounts will always display regardless of the specific accounts chosen by the owner. Accounts may be added or discontinued at any time pursuant to contract language requirements.
Indexed Accounts A, B	<p>Itemizes each Account's details.</p> <p>a. Short description of the Index</p> <p>b. Segment Term: Range: 1 year to 5 years</p> <p>c. Index Credit Term Range: 1 year to 5 years</p> <p>d. Participation Rate Range 40% through 200%</p> <p>e. Growth Floor Range: 0% to 2.0%</p> <p>f. Account A Growth Cap Range 2% through 200%</p> <p>Account B Growth Cap Range 1.43% through 200%</p> <p>g. Index Weight Range: 1% to 100%</p>	<p>Itemizes each Account's details</p> <p>a. Legal short description of the Index(s)</p> <p>b. Segment Term – Length of time segment exists. Segment term is guaranteed for life of the policy. Term length not anticipated to change. If term length changes it will apply to new issues only.</p> <p>c. Length of guaranteed time over which changes in the underlying indices of a segment are measured and index credits are calculated and applied. Changes to term length would apply only to new issues.</p> <p>d. Participation Rate – guaranteed for contract. Not anticipated to change. If it changes, would apply to new issues only.</p> <p>e. Minimum segment growth rate. Changes would apply to new issues only.</p> <p>f. Growth Cap maximum credit percentage. Specific to the Account and can at issue or policy change. Can change monthly.</p> <p>g. Each indexed account has a weight assigned to each index used in that indexed account. The weight represents the percentage of each index growth rate used in the segment growth rate calculation.</p>
Index Disclosures	Full legal description and disclosure of legal permission to use said index. Prints immediately following the complete list of indices. Only one disclosure will print for an index regardless of the number of times an index is used in different indices.	Includes numerical footnote key for each index to the full description of the external index and permission to use the index. Description and/or disclosure may change if "index owner" notifies us language change is required.

ML PREMIER VARIABLE UNIVERSAL LIFE with Index-Linked Features
Form 12-665.03 POLICY DATA PAGES
Statement Of Variability

SECTION:	VARIABLE DATA	EXPLANATION
Guideline Premium Test Death Benefit Percentage Factors page	GPT percentage factors do not change.	This page will only print if the Guideline Premium Test is chosen by the owner.
Cash Value Accumulation Test Death Benefit Percentage Factors page	CVAT percentage factors do not change. They are unique to each age.	This page will only print if the Cash Value Accumulation Test is chosen by the owner.
Maximum Monthly Cost of Insurance Rates page	Text in first paragraph will change only for the bracketed Agreement name..	If the Term Insurance Agreement is attached, the test at the top of the page will indicate that Agreement.
Policy Issue Charge	Number of years charge assessed: Currently: 10 years Range: 5 years to 20 years Charge Amount: Unique to each coverage layer. Range: \$.01 to \$4.00 per \$1,000 of Face Amount.	Will be one line of data for each coverage layer. Any additional line will coincide with each additional layer of coverage, if any.
Partial Surrender Transaction Charge	Currently: Lesser of \$25 or 2% of the amount of the partial Surrender Range: \$10 to \$100 or 1% to 10% of the amount of the partial surrender	Any change in charge will apply to new issues only
Waiver of Charges Agreement Charge	Dependent on age, gender, and risk class of the insured and the death benefit option chosen Range: \$.001 to \$.50 per \$1,000 of Face Amount	Determined at issue. Any change in charge will apply to new issues only.
Surrender Charges	First paragraph displays number of years a surrender charge will be assessed. Currently: 10 years Range: 5 years to 20 years	Number of years of surrender charges not expected to change. Would only change for new issues.
Death Proceeds Alternative Settlement Options	The policyowner or beneficiary may select one of the settlement options identified in the 'Payment of Proceeds' section of the policy. One of those options is illustrated by settlement option tables for sex distinct and unisex issues. If selected, the 'Life Income Option 3 settlement option will be issued as either sex distinct or unisex.	Only the table corresponding to the gender at issue for the settlement option 3 (sex distinct or unisex) will print on the data pages.

LIFE APPLICATIONS

Statement of Variability

F59410 Rev 8-2012 Application Part 1

F59537 Rev 8-2012 Policy Change Application No Underwriting Required

F59538 Rev 8-2012 Policy Change Application Part 1 Underwriting Required

F65324 Rev 8-2012 Application Part 1

F72540 Rev 9-2012 Application 1A

Minnesota Life Insurance Company certifies that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

SECTION:	VARIABLE DATA	EXPLANATION
Business Unit and Address of Company	Business Unit Life New Business Individual Life Policy Administration Address 400 Robert Street North, St. Paul, Minnesota 55101-2098	Business Unit Names Change Periodically as corporate organization or reporting channels change.
Additional Agreements	Currently offering the Agreements shown in the list of available agreements on the applications being filed for approval with this filing. The list is the same for every application. Accelerated Benefit Agreement Accidental Death Benefit Agreement Additional Insurance Agreement Business Continuation Agreement Business Value Enhancement Agreement Children's Term or Family Term - Child Agreement Death Benefit Guarantee Agreement Early Values Agreement Enhanced Guarantee Agreement Enhanced Guarantee Choice Agreement Estate Preservation Agreement Estate Preservation Choice Agreement Exchange of Insureds Agreement Extended Conversion Agreement	This list will change in the future only to: (a) remove Agreements no longer offered, or (b) add new Agreements that will have already been filed and approved (c) add fields to the new Agreement name to obtain additional information needed for the operation of the new Agreement such as percentages, dollar amounts, dates, ages, and necessary instructions

	Extended Maturity Agreement Face Amount Increase Agreement First to Die Agreement Flexible Term Agreement Guaranteed Income Agreement Guaranteed Insurability Option Agreement with Waiver Income Protection Agreement Inflation Agreement Long-Term Care Agreement Overloan Protection Agreement Premium Deposit Account Agreement Single Life Term Agreement Single Premium Paid-Up Additional Insurance Agreement Surrender Value Enhancement Agreement Term Insurance Agreement Waiver of Charges Agreement Waiver of Premium Agreement Other Other	
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State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L06I Individual Life - Variable/L06I.002 Single Life - Flexible Premium		
Product Name:	ML Premier VUL Policy		
Project Name/Number:	Premier VUL/12-665.03		

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/29/2012	Form	Accelerated Death Benefit Agreement	08/30/2012	12-931U ABA.pdf (Superceded)

Accelerated Death Benefit Agreement

This agreement is a part of the policy to which it is attached and is subject to all its terms and conditions. This agreement is effective as of the policy date shown on the policy data pages.

The receipt of any accelerated death benefit may be taxable to you. You should seek assistance from your personal tax advisor.

What does this agreement provide?

This agreement provides for the payment of an accelerated benefit if the insured has a terminal condition, as described below.

The accelerated benefit will be paid as a lien against the policy death benefit. At the death of the insured, the death benefit, not the accumulation value, will be reduced by the entire amount of the lien.

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less.

What evidence do we require of the insured's terminal condition?

We must be given evidence that satisfies us that, because of sickness or accident, the insured's life expectancy is 12 months or less. That evidence must include certification by a licensed physician.

A licensed physician is an individual licensed to practice medicine or treat illness in the state in which treatment is received. This does not include you, the insured, or a member of your or the insured's immediate family. Immediate family is the insured's or your spouse, legal partner, child, parent, grandparent, grandchild, brothers and sisters and their spouses or legal partners.

Do we have the right to obtain independent medical verification?

Yes. We retain the right to obtain a second or a third medical opinion, at our expense, to verify the insured's medical condition. The second medical opinion may include a physical examination by a physician designated by the company. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a physician that is mutually acceptable to the insured and the company.

What are the conditions for the payment of an accelerated benefit?

We will consider the payment of an accelerated benefit, subject to all of the following conditions:

- (1) your policy must be in force;

- (2) you must apply in writing and in a form satisfactory to us;
- (3) if the policy is assigned or has an irrevocable beneficiary, that assignee or beneficiary must sign a consent to the payment of an accelerated benefit.

Is there a minimum or maximum amount for an accelerated benefit?

Yes. The minimum accelerated benefit is \$10,000. The maximum accelerated benefit is the lesser of \$1,000,000 or 75% of the death benefit.

In addition, the maximum accelerated benefit is reduced by the amount of any irrevocable settlement option you have elected under the terms of the policy or any agreement.

How will we pay the accelerated benefit?

We will pay the accelerated benefit in one lump sum.

When will the accelerated benefit be paid?

Payment will be made upon our receipt of satisfactory proof of eligibility. If a payment is not made within 30 days of our receipt of satisfactory proof, we will pay interest on the amount of the payment from the 31st day until the date of payment. Interest will be at the rate stated in the policy Payment of Proceeds provision.

To whom will we pay accelerated benefits?

All accelerated benefits will be paid to you or your estate unless you validly assign them.

If the insured dies after you elect to receive accelerated death benefits but before any such benefits have been paid, your election will be cancelled and the death benefit paid as stated in the policy provisions.

How is your policy affected when you receive an accelerated benefit?

The accelerated benefit plus any accrued interest will be considered a lien of a portion of the death benefit.

If the accelerated benefit, plus interest exceeds the loan value of your policy, you will not be able to surrender the policy or receive any further policy loans.

At the death of the insured, the entire amount of the lien and interest will reduce the death benefit. Any remaining death benefit proceeds will be paid to the beneficiary of your policy.

How will you know the effect of the acceleration on your policy?

At the time of your election to receive an accelerated benefit, we will provide to you, and any irrevocable beneficiary, a statement demonstrating the effect of the acceleration on your policy death benefit, accumulation value, premium and policy loans.

Can you repay an accelerated benefit?

Yes. The accelerated benefit may be repaid in full or in part at any time.

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit is not intended to cause you to reduce involuntarily the death proceeds ultimately payable to the named beneficiary. An accelerated benefit will be made available to you on a voluntary basis only.

If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit. If you are required by a government agency to use this option to apply for, obtain, or keep a government benefit or entitlement, you are not eligible for this benefit.

Will interest be charged on the amount taken as an accelerated benefit?

Yes. The interest rate charged on the portion of the accelerated benefit lien equal to the loan value of the policy at the time the accelerated benefit is paid shall not exceed the policy loan interest rate.

The interest rate on the portion of the accelerated benefit lien in excess of the loan value of the policy at the time the accelerated benefit is paid will be set quarterly on the first day of each calendar quarter. It will not exceed the greater of the policy loan interest rate, or the "published monthly average" for the calendar month ending two months before the beginning of the calendar quarter.

The "published monthly average" means the Moody's Composite Average of Yields on Bonds as published by the Moody's Investors Service. In the event this average is no longer published, we will use a substantially similar average subject to the approval of the Interstate Insurance Product Regulation Commission.

We will notify you when we pay the accelerated benefit what the interest rate charge will be. The interest rate will not be changed during the course of the accelerated benefit lien.

Interest is charged daily on the amount of the lien; it is payable annually in arrears. The unpaid interest will be added to the accelerated benefit lien and charged the same rate of interest as your accelerated benefit lien.

Additional interest will not accrue if the accelerated benefit lien plus accrued interest equals the death benefit.

Will it be necessary to keep this policy in force after an accelerated benefit has been paid?

Yes. Once an accelerated benefit has been paid, you must keep the policy in force until such time as the death benefit is payable or the entire accelerated benefit is repaid to us. If necessary, we will pay any premiums required to keep your policy in force and add them to the accelerated benefit lien which will reduce any death benefits payable. However, if the policy includes a waiver of premium provision and the insured qualifies under that provision, we will pay those premiums according to the Schedule of Monthly Premiums to Waive in the policy data pages.

How will this agreement affect coverage on additional insureds under this policy?

Coverage on any additional insureds, whether covered under this policy or any agreement attached to this policy, will not be included in the amount available for acceleration.

Is this agreement subject to the incontestability and suicide provisions of the policy?

Yes. Those provisions apply to this agreement. The contestable and suicide periods will be measured from the effective date of this agreement.

If this agreement is issued at a date later than this policy, then this agreement will be contestable but only as to the evidence of insurability which we required to issue this agreement.

When does this agreement terminate?


This agreement will terminate on the earliest of:

- (1) the date this policy is surrendered, or otherwise terminated; or
- (2) the date we receive your written request to cancel this agreement; or
- (3) the date of the insured's death.

Can this agreement be reinstated?

Yes, this agreement can be reinstated under the following conditions:

- (1) all of the reinstatement conditions stated in your policy have been satisfied; and
- (2) we receive written request from you.

[
Secretary


President]